



FIRST AID POLICY

Aim

The School undertakes to comply with legislation governing the provision of First Aid to all staff, pupils and visitors as their welfare is our primary concern.

First Aiders

First Aiders complete a training course approved by the Health and Safety Executive (HSE) and undertake refresher training every three years.

A list of first aiders is available in the staff room and school office.

At least one qualified person should be on site during the main school day. A qualified nurse is in School from 8:15 to 13:15 on weekdays. Each day there are two surgeries at the times posted on the board outside surgery.

First Aiders are made aware that their main duties are to:

- i) Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards in a school environment.
- ii) When necessary, ensure that an ambulance or other professional medical help is summoned.

Procedures

If a pupil feels unwell or has an accident between 8.15 and 13.15, they should go to the surgery accompanied by another pupil or a member of staff if necessary. A board outside Surgery details the nurse's whereabouts if she has left Surgery. The School Office can phone her and failing that contact one of the staff trained in First Aid. After 13.15, students should report to the school office. When the school office closes at 1730, the boarding team are then responsible for first aid on site.

In the absence of a school nurse the severity of the situation must be assessed and a decision taken by one of the staff First Aiders during the day and by the duty House Staff after School hours:

- (i) A suspected fracture, a head injury or severe abdominal pain constitutes a real emergency and the doctor's surgery/ambulance should be contacted immediately.

(ii) Other situations may need immediate attention but can be dealt with in School without bringing in a doctor i.e. vomiting or minor bleeding. The patient should be taken to the Medical Centre where first aid treatment can be given and then left to rest under the supervision of a First Aider or other adult while awaiting the nurse's return.

Boarding House staff may only issue items found in the first aid kits. All treatment must be recorded in the medical records book for the school nurse. The exception to this is medicine prescribed to an individual by a GP.

Parents/guardians ("parents") will be contacted when appropriate and immediately where secondary aid is required.

A member of staff will accompany a pupil to hospital if the parents are unavailable.

Details, including photographs, of individuals who have specific medical conditions are posted on the medical cupboard in the staff room along with the names of staff who have been trained in the use of epi-pens.

The appendix to this policy contains information on initial response to medical conditions (e.g. asthma, diabetes, epileptic fits, anaphylactic shock) and procedures for dealing with spillage of bodily fluids.

Facilities

The School Medical Centre, which is in the charge of the School Nurse is available for administering First Aid.

First Aid Boxes can be found at the following locations:

- Staffroom
- Bursar's office
- Main Kitchen
- Sports Hall
- Science Department: prep room, S2, S3
- Food Technology
- Art: T3 & T4
- Simon Richmond Music Centre
- Maintenance workshop
- Minibuses

These are checked and restocked regularly by the school nursing staff.

A Defibrillator is located at the bottom of the stairs in the main house near Pauline's Pantry.

Reporting

First Aiders follow the statutory requirements for reporting accidents and keeping records.

All accidents, however trivial, should be reported to the School Nurse and recorded in the accident book.

The School Nurse should notify the Bursar of any RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995) notifiable events. The Bursar is responsible for ensuring these events are reported to the Health and Safety Executive (0845 300 9923)

The School Nurse will give a report at Health & Safety committee meetings to include reportable accidents and near misses. The School's First Aid needs will be reviewed by the Health & Safety committee on a regular basis to ensure that provision remains appropriate. First Aid Policy

Appendix I to First Aid Policy

ANAPHYLACTIC SHOCK – Refer to Appendix 2

INDICATIONS

- Swelling
- Rapid pulse
- Shallow breathing

Response

1. Take pupil to Medical Centre or send for School Nurse.
2. If reaction is severe administer epi-pen or relevant treatment (in staff room) and send for the School Nurse.

ASTHMA ATTACKS – Refer to Appendix 3

INDICATIONS

- Increased breathlessness
- Increased coughing
- Increased wheezing
- Increased requirement for relief medication.

Response

1. Ensure that the reliever inhaler (blue) is used immediately
2. Stay calm and reassure the pupil. Do not leave them.
3. Help the pupil to breathe by loosening tight clothing and allowing them to choose the most comfortable position. (Sitting astride a chair with arms resting on the chair back)
4. Ask someone to call the School Nurse.

DIABETIC 'HYPO' (Low Blood Sugar)

INDICATONS

- The pupil goes pale and clammy
- The pupil becomes confused

- The pupil may become aggressive and stroppy

Response

1. Get the pupil to take some of the sugar or 'hypostop' they carry with them. (Spare supply in medical room)
2. If pupil becomes difficult send a message to the School Nurse, otherwise take the pupil to the Medical Centre.
3. If (unlikely) the pupil becomes unconscious put them on their side (recovery position) and put a little sugar on their lips.

CONVULSIONS or FITS

INDICATIONS

- The pupil loses consciousness and falls to the ground; they become rigid and begins to jerk convulsively.

Response

1. Ask the other pupils to leave the room and wait quietly outside.
2. Send for the Nurse
3. Protect the pupil, loosen clothing around their neck, stay with them until they come round
4. Do not try to move, restrain or awaken the pupil
5. Do not try to make them open their mouth
6. Do not give them anything to drink

DEALING WITH THE SPILLAGE OF BODILY FLUIDS

(Blood, Faeces, Vomit)

- Any spillage should be dealt with as soon as possible.
- Clear the area of people.
- Contact the Housekeeping or Nurse. (After 18:00 contact the Boarding Staff.)

Cleaning materials are kept in a locked cupboard on the landing outside the surgery. (Labelled Sanitizing Equipment) Keys are issued to the staff listed above.

Procedure

- Use disposable gloves and put on a plastic apron
- Sprinkle absorbent powder over the spillage
- Using a scoop place the waste in a yellow sack
- Sprinkle the area with disinfectant as directed
- Mop the area with hot water
- Dispose of gloves and apron into the yellow sack and tie tightly
- Put yellow sack into the bin provided in the corner of the cupboard IMMEDIATELY
- Lock the cupboard door
- Thoroughly wash your hands

If contaminated body fluids are splashed into the mouth or eyes contact the School Nurse.

Appendix 2

PROCEDURE FOR EPI-PEN USE

To ensure the correct administration of an Epi-Pen to a pupil with a prescription from a Doctor.

Principle : to provide proper administration of the Epi-Pen to pupils at the correct time.

Regulations:

- Parents must inform the School at time of registration, or at the time of diagnosis by a doctor, that their child has an allergy or medical condition that requires the use of an

Epi-Pen.

- Parents must provide two Epi-Pens - one to be kept in the staff room and one to be carried by the child at all times. When the child is outside or on an offsite visit the Epi-Pen is to be carried by the member of staff responsible for the child at all times. The School will refuse to take anyone who does not have an Epi Pen with her/him on any school trips.
- Parents must complete a medical consent form and flowchart to allow school staff and/or school nurses to administer the Epi-Pen in the event of a severe allergic reaction. The form should be completed and returned to the school along with the Epi-Pen to be kept in the staff room.
- The medical consent form will have the pupil's name, form, current photograph, the allergy or medical condition, response and when to administer the Epi-Pen. The flowchart will show the management of the Severe Allergic Reaction. The directions must be more specific than "as needed" or "PRN". The directions must include individual symptoms the staff should look for as each child reacts differently to allergens. All information (medical consent form, flowchart and Epi-Pen) will be stored in a named box with the Epi-Pen label clearly visible in the staff room.
- Teachers and staff will be trained/re-trained in the use of an Epi-Pen every two years
- Any member of staff can book Refresher Epi-Pen Training in the school surgery with the school nurse at any time.
- All Epi-Pens held in school will be checked termly by the school nurse.

Procedure:

- Staff are to notify duty nurse immediately, at the first sign or symptom, that the child may have been in contact with an allergen.
- Staff will call 999 after administration of an Epi-Pen if the school nurse is not present.
- Staff are to give the second injection according to an individual care plan (flowchart).

- Parents are to be informed immediately of symptoms and treatment by the staff.
- If an Epi-Pen is used the member of staff must write date, time and name of the pupil on the pupil's hand - this information will be shown to Ambulance/Medical personnel. The used Epi-Pen must be taken to Hospital with the child.
- School nurse will record the event in the medical book.
- After administration of an Epi-Pen the parents must provide a refill to the school immediately.

Appendix 3

ASTHMA POLICY

Pupils with Asthma are welcome in school and will be encouraged to participate fully in all school activities

Aim : to allow the pupil with asthma to take a full part in all school activities unless the pupil is severely affected.

Principles:

- Recognises asthma is a medical condition that can affect many school pupils
- Recognises that immediate access to reliever inhalers is vital
- Keeps records of pupils with asthma and the medication they require, together with 'clear guidance on correct usage'
- Ensures that staff are aware of pupils with asthma and know what to do in the event of an asthma attack
- Ensures that other pupils understand what asthma is, and know any signs of an asthma attack.

Physical Education

During games and P.E. activities the teacher will be aware of pupils with asthma who need to use an inhaler either before or during exercise. The teacher will ensure that the pupil takes the inhaler to the courts or the sports field. Pupils will not be forced to participate in games or exercise if they are too wheezy to continue.

The School enforces a 'No Smoking' policy on the entire school site and understands that passive smoking may be responsible for triggering an asthma attack.

If any pets in the school are likely to cause problems for children with asthma, the school will ensure that the asthma sufferer does not come into contact with them.

Medication

Pupils with asthma, who need a reliever inhaler, should be encouraged to have two inhalers, one at home and the other to bring to school daily. Pupils are encouraged to carry their reliever inhaler with them at all times. Parents are asked to provide a spare inhaler for the School Nurse, to be kept in the Staff Room.

Pupils need instant and easy access to reliever inhalers at all times. Delay in taking relief treatment can lead to a severe asthma attack and can in rare cases be fatal.

ASTHMA ATTACK

Warning sign

- Breathlessness
- Coughing
- Wheezy breathing
- Tightness in the chest
- Requirement for relief medication

If a pupil has an Asthma attack they should be treated according to their individual health care plan.

- Ensure that reliever inhaler (usually Blue) is used immediately – ensure that the pupil take one to two puffs.
- Stay calm and reassure the pupil; sit them up, encourage them to take slow steady breaths
- Ask someone to call the School Nurse.

After the attack allow the pupil to resume normal activities whenever they feel able to. The pupil's parents should be informed of the attack.

If pupils do not start to feel better

- Continue to use the reliever inhaler – taking two puffs every two minutes (up to ten puffs)

An ambulance 999 should be called if:

- The symptoms do not improve sufficiently in 5 – 10 minutes.
- The pupil is too breathless to speak.
- The pupil is becoming exhausted.
- The pupil looks blue.

Even if the pupil is feeling better, encourage them to see a doctor the same day