

## First Aid Policy

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## **1. Policy Statement**

The School's primary concern is the welfare of the School community. This policy applies to both boarders and day pupils.

To this end we undertake to comply with legislation governing the provision of First Aid to all staff, pupils and visitors.

## **2. First Aiders**

First Aiders complete a full first aid training course approved by the Health & 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 08:15 - 17:30 on weekdays.

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

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards in a School environment
- when necessary ensure that an ambulance or other professional medical help is summoned.

## **3. Procedures**

If a pupil feels unwell or has an accident between 08.15 and 17.30 they should go to the Health Centre accompanied by another pupil or a member of staff if necessary.

A board outside the Heath Centre details the nurse's whereabouts if she is unavailable. The School Office can phone her, and failing that, contact one of the staff trained in First Aid. When the School office closes at 17.30 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:

- a suspected fracture, a head injury or severe abdominal pain constitutes a real emergency and the doctor's surgery/ambulance should be contacted immediately
- other situations may need immediate attention but can be dealt with in School without bringing in a doctor (e.g. vomiting or minor bleeding). The patient should be taken to the Health Centre where first aid treatment can be given and then left to rest under the supervision of a First Aider or another adult while awaiting the nurse's return.

During the School day, Boarders attend the Health Centre with any medical concerns. In the evening (after 17:30), the School has an onsite paediatric nurse, who is available to the students should they feel unwell or have a medical issue which they would like to discuss.

The Health Centre are responsible for making emergency and routine health care appointments for boarders, including where consultation between parents/carers and staff is necessary.

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

Parents/guardians 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/guardians are unavailable.

The School recognises the importance of Boarders' confidentiality, rights, privacy and dignity as patients is fundamental and is appropriately protected. This includes the right of a boarder deemed to be 'Gillick Competent'<sup>1</sup> to give or withhold consent for their own treatment.

Details, including photographs, of individuals who have specific medical conditions are posted on the noticeboard in the staff common room, along with the names of staff who are first aid trained.

Appendix I 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.

#### **4. Facilities**

The School Health 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
- PE Department

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<sup>1</sup> Gillick competence is used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge. A child will be deemed to be Gillick competent, if he or she has sufficient maturity and understanding of the treatment being proposed and the nature of the consent required. Further guidance is provided in the NHS consent to treatment – children and young people advice: <https://www.nhs.uk/conditions/consent-totreatment/children/>. Young people aged 16 and over are assumed to have sufficient capacity to decide on their own medical treatment, unless they are deemed not to have capacity under Section 2 of the Mental Capacity Act 2005, or where the decision in relation to their medical treatment is deemed to be against their best interests.

Fraser guidelines apply specifically to advice and treatment about contraception and sexual health- [Gillick competence and Fraser guidelines | NSPCC Learning](#)

- Science Department in prep room
- Theatre
- Sixth Form Kitchen
- Boarding house
- 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 outside the Sports Hall.

## **5. 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 & 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 Initial response to medical conditions**

#### **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)**

### **Indicators**

- 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 17:00 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**

1. use disposable gloves and put on a plastic apron
2. sprinkle absorbent powder over the spillage
3. using a scoop place the waste in a yellow sack
4. sprinkle the area with disinfectant as directed
5. mop the area with hot water
6. dispose of gloves and apron into the yellow sack and tie tightly
7. put yellow sack into the bin provided in the corner of the cupboard IMMEDIATELY
8. lock the cupboard door
9. thoroughly wash your hands.

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

## **Appendix 2 Procedure for EpiPen use**

The purpose is to ensure the correct administration of an EpiPen to a pupil with a prescription from a Doctor.

### **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 EpiPen
- parents must provide two EpiPens: one to be kept in the staff room and one to be carried by the pupil at all times. When the pupil is outside or on an off-site visit the EpiPen is to be carried by the member of staff responsible for the pupil at all times. The School will refuse to take anyone who does not have an EpiPen with her/him on any School trips or visits
- parents must complete a medical consent form and flowchart to allow School staff and/or School nurses to administer the EpiPen in the event of a severe allergic reaction. The form should be completed and returned to the School along with the EpiPen 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 EpiPen. 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 EpiPen) will be stored in a named box with the EpiPen label clearly visible in School reception
- teachers and staff will be trained/re-trained in the use of an EpiPen every two years
- any member of staff can book Refresher EpiPen Training in the School surgery with the School nurse at any time
- all EpiPens 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 EpiPen 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 EpiPen 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 EpiPen must be taken to Hospital with the child
- School Nurse will record the event in the medical book
- after administration of an EpiPen the parents must provide a refill to the School immediately.

## **Appendix 3: Asthma**

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

### **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 PE 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 pupils 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 School reception.

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

#### **Response**

1. pupils suffering an attack should be treated according to their individual health care plan
2. ensure that reliever inhaler (usually Blue) is used immediately; pupil should take one to two puffs
3. stay calm and reassure the pupil: sit them up and encourage them to take slow steady breaths
4. 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.

#### **Appendix 4: Sickness & Diarrhoea**

In order to minimise the spread of a gastro-intestinal infection in the School we ask you to adhere to the following guidelines:

- if your child has been unwell at home with sickness and/or diarrhoea please keep your child off school for minimum of 48 hours following the last episode of illness
- if your child is sick and/or has diarrhoea at school we will contact you to collect your child as soon as possible. Your child should then remain off school for a minimum 48-hour period following the last episode of illness (Guidance from the Public Health Agency)
- when your child returns to the School we do ask that they are well enough to be eating their normal diet. This is especially important for young children as they do use a lot of energy throughout the day
- we ask that you keep us informed about how your child is and whether you have had to seek medical advice for the episode.

#### **Fever**

The School has a duty of care to ensure that all pupils and staff are provided with a high level of protection during school hours.

A pupil may become ill and have a high temperature during their time at School. This procedure has been developed to ensure that parents, staff and visitors understand what must occur in the event of a temperature, and applies to all pupils, staff, parents/guardian / teachers and visitors to Luckley House School.

An aural temperature (taken in the ear) of 37.5 and above almost always indicates the presence of acute infection, usually a viral (contagious) illness. If your child has a temperature of 38 she/he should not be at school.

When a pupil has a high temperature:

- parents will be contacted when a pupil registers a temperature of 38 or above; it will be checked twice. Parents will then be asked to collect the pupil. Permission for paracetamol will also be sought. There is a 24-hour exclusion for all high fevers,
- the School Nurse will note any other symptoms that may develop with the high temperature (e.g. a rash or vomiting).

The school nurse, a qualified first aider or boarding staff will attempt to reduce a pupil's fever by the following:

- encouraging the pupil to drink plenty of water unless there are reasons why he/she is only allowed limited fluids
- removing excessive clothing
- apply an ice pack on pupil's forehead
- if requested by a parent or if paracetamol is given in an attempt to bring the temperature down a medication treatment book must be completed detailing the pupil's name, temperature, time, date, dosage, staff members name of who administered it.

#### **Appendix 5: Automated External Defibrillator (AED) Aim**

- to provide guidance in administration of a school-based AED program for victims who are eight years of age and older only
- to improve the chances of survival of any casualty at school.



## **Automated External Defibrillators**

AEDs are computerised devices that deliver defibrillator shocks to victims of cardiac arrest. They use voice and visual prompts to guide users and are suitable for use by everyone. All AEDs analyse the victim's heart rhythm, decide the need for a shock, and then deliver a shock.

The Health & Safety officer will organise defibrillator training courses designed to teach any member of staff on how to use this equipment appropriately. The first aid and AED training courses will be suggested to School Nurse and first aiders in School.

### **Conditions:**

- Heart conditions
- Resuscitation
- CPR protocols
- Use of Automated External Defibrillator (AED).

### **Sequence of actions when using an AED**

1. make sure the victim, any bystanders and you are safe. If two rescuers are present, assign tasks
2. if the victim is unresponsive and not breathing normally send someone for the AED and to call for an ambulance (call 999). If you are on your own do this yourself; you may need to leave the victim
3. start CPR
4. as soon as the AED arrives switch on the AED and attach the electrode pads. If more than one rescuer is present continue CPR whilst this is done. Follow the voice / visual prompts and ensure that nobody touches the victim whilst the AED is analysing the rhythm
5. if a shock is indicated ensure that nobody touches the victim. Push the shock button as directed and continue as directed by the voice/visual prompts
6. if no shock is indicated immediately resume CPR using a ratio of 30 compressions to 2 rescue breaths. Continue as directed by the voice/visual prompts
7. continue to follow the AED prompts until:
  - qualified help arrives and takes over
  - the victim starts to breathe normally
  - you become exhausted

Assign someone to meet responding ambulance vehicle and direct it to site of medical emergency.

### **Trained Defibrillator users**

School nurses/ qualified first aiders

### **Location of AED**

Outside the Sports Hall.

The AED is checked weekly. The battery is checked accordingly and the check recorded in the Defibrillator Heart Restarter record book.

### **Additional resuscitation equipment**

Each AED will have one set of defibrillation electrodes connected to the device and one spare set of electrodes with the AED. One resuscitation kit will be connected to the handle of the AED. This kit contains two pairs of latex-free gloves, one razor, one set of trauma shears, and one facemask barrier device.

Trained staff will renew first-aid and AED training every three years

AED-trained staff will refresh AED skills using computer-based training if necessary.

Cardiopulmonary Resuscitation and AED-DVD and a booklet are available from the Medical Department or nursing staff.

**Medical response documentation**

An accident report form will be completed by the responding staff/ School Nurse for each accident requiring first aid of any type.

The AED-trained staff / School Nurse will notify RIDDOR.