PAPPLEWICK SCHOOL – POLICY FOR FIRST AID

Introduction and Aims of the Policy

Introduction

First aid can save lives and prevent minor injuries becoming major ones. Under health and safety, legislation employers have to ensure that there are adequate and appropriate equipment and facilities in place to provide first aid.

Aims of this Policy

This policy outlines the school's responsibility to provide adequate first aid to pupils, staff, parents and visitors. It will explain the school's procedures for first aid training, maintenance of first aid equipment and record keeping. It will outline the responsibilities of school personnel who are central to the delivery of best first aid practice.

Responsibilities

Under the Health and Safety at Work Act 1974, the Governing Body is responsible for ensuring that the school has a health and safety policy, which includes arrangements for first aid, based on the findings of risk assessments.

The Headmaster is responsible for ensuring that the Governing Body’s policy is put into practice and parents and staff are aware of arrangements for first aid. The Headmaster will ensure there are funds available for all first aid equipment and training requirements.

The School Nurse will ensure that her first aid qualification is current in addition to secondary aid professional training. The School Nurse is responsible for ensuring the following:

* That she is available to provide first aid cover during fixtures on Wednesday and Saturday afternoons.
* Responsibility for the delivery of all first aid whilst on duty.
* The quality and expiry dates of first aid equipment across site are checked on a termly basis and replenished as necessary.
* That the recording of accidents is carried out as required by the Health and Safety Executive under RIDDOR.
* Staff first aid training requirements are met.
* That a register of staff qualifications is maintained.
* That parents are informed of any significant injury requiring treatment as soon as possible.
* That the Headmaster is informed if a boy is referred to secondary care services following an injury.

When the School Nurse is off duty, it falls to the matrons to administer First Aid and look after all the boys' medical needs within their sphere of competence.

All staff in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies to care for and ensure the welfare of the boys.

Accident and Emergency Procedure

Following an accident, injury or medical emergency the following steps should be taken to ensure the most appropriate help is given as quickly as possible.

In the event of an obvious medical emergency, an ambulance should be called immediately.

The injured person should not be moved if there is any suspicion that doing so could exacerbate injuries.

The School Nurse should be called to examine the injured person and give such treatment as is appropriate or possible. If the School Nurse is not available the nearest available First Aider should be contacted. If hospital treatment is necessary and an ambulance has not already been called, then this should be done.

If a member of staff uses his or her own car to take a seriously ill or injured person to hospital, consideration should be given to the need for another responsible adult to accompany the driver.

The parents/guardian must be contacted as quickly as possible and asked to join their child at school/hospital as appropriate. Members of staff should not wait for parents to arrive to take pupils to hospital unless they are certain that treatment is not required urgently.

An appropriate member of staff must accompany pupils to hospital if parents have not arrived in time to do so. The member of staff should wait at the hospital until the pupil’s parent or guardian arrives.

Training

The majority of teachers and many support staff are qualified First Aiders, therefore the required level of First Aider cover is available at all times both on and off school site. All teaching staff with a qualification due to expire will be expected to renew their qualification at the annual first aid inset and will be booked on to the course by the School Nurse. Each new intake of junior matrons and stooges will receive first aid training prior to the start of their first term.

A list of all qualified First Aiders is displayed alongside the First Aid Boxes installed across the school site (Appendix 1).

First aid Boxes

There are 17 first aid boxes located across the school site, installed at the following locations:

Kitchen Area

Staff Room

Sports Hall

Swimming Pool

Laundry

Snake lab

Art

Science

DT Room

Astro

Cricket Pavilion

Library

Geography

History

Dining Room

Maintenance

Dining room

They are strategically placed in order to facilitate swift provision of first aid. Thereby the injured person need not attend surgery to be treated. The school nurse is contactable on Ext 205 and will attend the casualty in situ if they are not fit to attend surgery.

Maintenance

The school nurse on a termly basis will carry out the checking of expiry dates and restocking of boxes.

There is no mandatory contents list for First aid boxes but the school kits exceed HSE recommendations and are stocked as a minimum with the following:

1 medium dressings

1 large dressings

2 eye pads

2 triangular dressings

4 pairs gloves

1 Vomit bag

1 ice pack

20 Assorted plasters

Face mask

1 foil blanket

1 resuscitation mask

1 First Aid leaflet

10 swabs

2 Steri-pods

1 Vomit bag

First aid kit provision for School Trips

All members of staff taking pupils on school trips must be first aid trained and ensure they take a first aid kit with them. The kits will be provided along with an asthma inhaler plus spacer and Adrenalin Pens for those pupils who required them.

COVID 19

Due to the risk of cross-infection of Covid 19 from a person receiving or giving first aid, PPE must be worn if it is necessary to get closer than 2 metres in order to treat the casualty. Gloves and masks can be found in first aid boxes and in sickbay.

The HSE recommends the following:

Try to assist at a safe distance from the casualty as much as you can and minimise the time you share a breathing zone.

If they are capable, tell them to do things for you, but treating the casualty properly should be your first concern. Remember the 3P model – preserve life, prevent worsening, promote recovery.

Preserve life: CPR

* Call 999 immediately – tell the call handler if the patient has any COVID-19 symptoms
* Ask for help. If a portable defibrillator is available, ask for it
* Before starting CPR, to minimise transmission risk, use a cloth or towel to cover the patient’s mouth and nose, while still permitting breathing to restart following successful resuscitation
* If available, use:
  + a fluid-repellent surgical mask
  + disposable gloves
  + eye protection
  + apron or other suitable covering
* Only deliver CPR by chest compressions and use a defibrillator (if available) – don’t do rescue breaths

Prevent worsening, promote recovery: all other injuries or illnesses

* If you suspect a serious illness or injury, call 999 immediately – tell the call handler if the patient has any COVID-19 symptoms
* If giving first aid to someone, you should use the recommended equipment listed above if it is available
* You should minimise the time you share a breathing zone with the casualty and direct them to do things for you where possible

After delivering any first aid

* Ensure you safely discard disposable items and clean reusable ones thoroughly
* Wash your hands thoroughly with soap and water or an alcohol-based hand sanitiser as soon as possible

In the unlikely event that resuscitation is required the Resuscitation Council recommend that chest compressions only should be used rather than mouth to mouth resuscitation. The HSE have issued the following statement to assist in making resuscitation decisions concerning children:

It is likely that the child/infant having an out-of-hospital cardiac arrest will be known to you. We accept that doing rescue breaths will increase the risk of transmitting the COVID-19 virus, either to the rescuer or the child/infant. However, this risk is small compared to the risk of taking no action as this will result in certain cardiac arrest and the death of the child.

Clinical Waste and Body Fluid Spills

All clinical waste should be disposed of in a yellow bag. First Aid boxes all contain yellow bags and there is a yellow bin in the Surgery.

There are biohazard disposal kits in the surgery to deal with body fluid spills. Staff should follow the instructions as set out in the body fluid spills procedure to ensure hygiene and limit the spread of infection.

All clinical waste is disposed of in the PHS yellow bin in the surgery. This is emptied daily, the waste is then transferred to the PHS bin located in the staff carpark, which is emptied regularly by PHS.

Boys with Asthma, Epilepsy, Anaphylaxis and Diabetes

Boys with long-term medical conditions all have Individual Healthcare Plans. Staff are made aware of protocols (appendices 4-7) which are put in place to ensure medical emergencies such as anaphylaxis and seizure are dealt with correctly.

First Aid Provision for Away Fixtures

Staff on trips must carry the contact number for the school nurse who can be contacted for advice.

Whilst it is hoped that the hosting school will provide adequate first aid cover, staff must ensure that they are equipped to look after Papplewick boys on away fixtures.

The member of staff in charge should collect a first aid kit bag from the surgery. Each bag is numbered and should be signed out by the member of staff responsible on the kit record sheet.

If a boy has sustained an injury at an away fixture and has needed first aid treatment, the boy’s parents and the school nurse must be informed at the earliest opportunity.

If a boy is transferred for further assessment by ambulance or by other means, a member of staff who must remain with the boy until their parent or guardian arrive and take over his care must accompany him.

Reporting of Injuries and Record Keeping

The school nurse and matrons record all injuries in a number of different ways:

1. In the medical log
2. On the Boys medical progress sheet.
3. Completion of a pupil accident form

When a boy has sustained an injury, which has necessitated treatment, parents will be contacted and a duplicate pupil accident form completed. The pupil accident form will document the care given to the boy, one copy will remain in his notes and the other will be given/sent home to his parents. These accident forms are intended as a means of communicating with parents and not as official RIDDOR accident reports.

After receiving treatment from a first aider, all boys who have sustained an injury must be referred to the matrons or school nurse so that the incident can be recorded as set out above.

RIDDOR

Under RIDDOR the following work related accidents are reportable:

* Accidents, which result in death or a specified injury (Appendix 2), must be reported immediately.
* Accidents, which prevent the injured person from continuing with their normal work for more than seven days, must be reported within 15 days of the accident.

Boys and people not at work

Under RIDDOR injuries to pupils and visitors at school or on an activity organised by the school are only reportable if:

* The death of the person arose out of or in connection with a work activity.
* An incident arose out of or in connection with a work activity and the person is taken directly to hospital for treatment.

An accident report should be filled out for any accident which is or maybe reportable under RIDDOR and the Headmaster should be given the form to sign.

APPENDIX 1 - FIRST AID TRAINED MEMBERS OF STAFF

**16 MEMBERS OF STAFF TRAINED IN FIRST AID**

**LAURA WOOLDRIDGE EXP DEC 2023**

**COLLEEN ELK EXP DEC 2023**

**DANIJEL GOGIC EXP JAN 2023**

**VICTORIA SULLIVAN JAN 2023**

**VICKY CREDLAND 2025**

**CHRIS GOODWIN 2025**

**CATHY MALAN 2025**

**IAN JOHNSON2025**

**KIM CONNOR 2023**

**KAM JAGA 2023  
SANA MASOOD 2025**

**IMOGEN WATERHOUSE 2025**

**SCOTT SMITH-BANNISTER 2025**

**RACHEL GOODING-HURST 2025**

**LOTTIE BRITTON 2025**

**ALANA ELLIOTT-BURN**

 15 MEMBERS OF STAFF TRAINED IN POOLSIDE FIRST AID

GARETH FOTHERINGHAM 03.9.22

ED SHIRES 03.9.22

BEN MARTIN03.9.22

JAMES BAKER 03.9.22

JOHN NUTTER 03.9.22

JO MAGRATH 03.9.22

JOSH SIVIER 03.9.22

LAETITIA LANGUE 03.9.22

KIRSTEN TAYLOR 03.9.22

MARK BURLEY 03.9.22

ROGER WOOD 03.9.22

STUART MALAN 03.9.22

TOM FERRY 03.9.22

VICTORIA CREDLAND 03.9.22

WILL HOLLIS 03.9.22

APPENDIX 2 - REPORTABLE WORK RELATED INCIDENTS

* Fractures, other than to fingers, thumbs and toes.
* Amputations.
* Injuries likely to lead to loss of sight.
* Any crush injury to head or torso causing damage to the brain or internal organs.
* Serious burns (including scalding) which cover more than 10% of the body or cause significant damage to the eye or other vital organs.
* Any scalping requiring hospital treatment.
* Loss of consciousness caused by head injury or asphyxia.
* Any injury arising from working in an enclosed space, which leads to hypothermia or heat, induced illness or requires resuscitation or admittance to hospital for more than 24 hours.

Appendix 3

Disposal of Body Fluid Spills

Biological spillages are defined as any spillage involving human or animal bodily fluids, materials such as blood, urine, vomit, or faeces either accidentally or maliciously spilled.

Biohazard Kits

All body fluids must be regarded as potentially infectious and should be treated as such. Care must be taken to avoid splashing and personal protection (gloves and disposable aprons) equipment must be worn. Biohazard disposal kits are situated in the school surgery and contain:

1 sachet of spill solidifying granules

1 30ml disinfectant spray

1 scoop and scraper

1 pair vinyl gloves

1 (yellow) biohazard disposal bag

1 bag closure

Instructions for use are as follows:

1. Put on gloves and apron.
2. Sprinkle the solidifying granules over the spill. This will solidify a liquid spill in 2 minutes.
3. Using the scoop and scraper provided remove the now solidified spillage and place in the yellow bag.
4. Use the Response spray to disinfect the area.
5. Place the used scoop [, scraper and gloves in the bag and tie securely.
6. Dispose of contaminated materials in to clinical waste bin in the surgery.

Clinical Waste Bin

There is a yellow clinical waste bin in the school surgery. All body fluid spill/clinical waste spill should be disposed of into the yellow bin in the surgery. The bin is emptied daily as required. Clinical waste is then transferred into a larger lockable bin outside which is emptied by PHS Waste Disposal on a weekly basis.

Appendix 4

ASTHMA PROTOCOL

WHAT IS ASTHMA?

Asthma is a long-term condition that affects the airways. Children who have asthma have airways, which are sensitive and become inflamed. Asthma triggers irritate the airways and cause them to react.

When a young child with asthma meets these triggers, the airways constrict. The linings of the airways become inflamed and swollen which leads to the symptoms of asthma.

SIGNS AND SYMPTOMS TO LOOK OUT FOR

COUGHING BEING UNUSUALLY QUIET

SHORTNESS OF BREATH TIGHTNESS IN CHEST

WHEEZING

TRIGGERS

COLD AND ‘FLU’ TOBACCO SMOKE

CHALK DUST HOUSE DUST MITES

MOULD POLLEN

FURRY/FEATHERED ANIMALS PERFUMES

LATEX DUST/FLOUR/GRAINS

CHEMICALS AND FUMES CLEANING PRODUCTS

SAW DUST WEATHER

EXERCISE

ASTHMA MEDICATIONS AND TREATMENTS

The majority of dayboys should only need to take reliever medications at school. This is usually a blue Ventolin (salbutamol) inhaler. The reliever medication is taken to relieve the symptoms of asthma and will work immediately to reduce the swelling and inflammation of the airways. Boarders will take preventer medication in school as prescribed by Dr. Patel.

All boys with asthma must keep a blue inhaler with them or nearby at all times.

All boys with asthma must keep a spare inhaler in the surgery for use in emergencies and school trips.

If teacher/nurse/ parent decides a boy is too young to keep their inhaler themselves, it will be kept with the teacher in the classroom.

Boys should be allowed free access to their inhalers and they should not be kept in locked cupboards.

Each inhaler should be clearly labelled with the boy’s name.

It is the responsibility of the nurse to ensure that all the boarders’ inhalers are in date.

It is the responsibility of parents to ensure that all dayboy inhalers are in date.

Teachers should remind boys to take inhalers to PE.

Inhalers are prescription only medication and must be used only by the boy to whom they are prescribed.

There are two emergency asthma kits, which contain 2 salbutamol inhalers and two Able Sapcers. These are for use in emergencies and may be given to boys who have a previous diagnosis of asthma and have written consent from parents to allow them to use the inhaler.

A healthcare plan, which details triggers, symptoms and treatments, will be devised for all pupils.

SPACERS

Spacers are often used with aerosol inhalers to administer a more accurate and effective dose of Salbutamol. Each pupil who has been prescribed an inhaler by his or her asthma nurse must keep his or her own individually labelled spacer.

EMERGENCY INHALERS AND SPACERS

The school holds a stock or 4 spare inhalers and volumatic spacers. These are available for use in an emergency if for any reason a boy does not have his own inhaler available to him. They will be taken on school trips and available for use pitch side. 2 are stored in the staff room and 2 are stored in the surgery.

EXERCISE AND PHYSICAL ACTIVITY

Exercise is good for everyone, including children with asthma. For some children, exercise can be a trigger to asthma but as exercise is an important part of a healthy lifestyle, it is a trigger, which needs to be managed rather than avoided.

Boys with asthma should be encouraged to join in with all exercise and activity based lessons.

Boys with exercise induced asthma should be encouraged to use their inhaler before activity.

If a boy has asthma symptoms whilst exercising, they must stop, take their inhaler and wait 5 minutes before restarting if symptoms have resolved.

ASTHMA EMERGENCY PROCEDURE

Encourage the pupils to sit up and slightly forward and loosen tight collars etc. Do not lie them down.

Help the pupil to take two puffs of their reliever inhaler (usually blue) through a spacer if possible. If they do not have their own inhaler available, check if they have parental consent to use the inhaler from the Emergency asthma kit.

Reassure the pupil.

IF THERE IS NO IMPROVEMENT…

Continue to make sure the pupil receives one puff of their inhaler every minute for five minutes or until their symptoms improve.

CALL 999 IF…

THE PUPILS SYMPTOMS DO NOT IMPROVE AFTER 5-10 MINUTES.

THE PUPIL IS TOO BREATHLESS OR EXHAUSTED TO TALK.

THE PUPILS LIPS ARE BLUE.

YOU ARE IN ANY DOUBT.

Ensure the pupil takes one puff of their inhaler every minute until the ambulance arrives.

Appendix 5

ANAPHYLAXIS PROTOCOL

Anaphylaxis is an extreme and potentially life threatening condition at the extreme end of the allergic spectrum. Anaphylaxis may occur within minutes of exposure to the allergen or it may take hours. It can be life threatening if not treated quickly with adrenalin.

Common triggers of anaphylaxis include Peanuts, tree nuts, dairy products, eggs, fish, shellfish, insect stings, latex and drugs.

SIGNS AND SYMPTOMS

Generalised flushing of the skin, hives anywhere on the body, difficulty in swallowing or speaking, swelling of the throat or mouth, alterations in heart rate, abdominal pain, nausea and vomiting, sense of impending doom, sudden feeling of weakness, collapse and unconsciousness.

MANAGING PUPILS IN SCHOOL

* All staff who agree to administer adrenalin must be trained by the school nurse and updated annually.
* Boys with anaphylaxis must have at least 2 adrenalin pens available to them.
* Adrenalin pens must be kept on the First Aid Shelf in the staff room so that they are easily accessible to all staff.
* Adrenalin pens must never be placed in a locked cupboard.
* It is the responsibility of parents to ensure the adrenalin pens remains in date. However, the school nurse will endeavour to remind parents when the adrenalin pens near their expiry date.
* The school nurse will arrange repeat prescriptions for boarders.

EMERGENCY PROCEDURE

If a boy who has been prescribed an adrenalin pen shows signs of an allergic reaction a member of staff trained in the administration of adrenalin pen should follow his healthcare plan closely.

IF SYMPTOMS ARE CAUSE FOR CONCERN…..

CALL 999 OR SEND A BYSTANDER TO MAKE THE CALL

ADMINISTER EPIPEN

Ensure child is lying down.

1. Pull off safety cap
2. Hold device about 10cm from thigh. Swing and jab tip against thigh and listen for a click.
3. Massage area for 10 seconds.
4. Make a note of the time.
5. Put used pen back into its pouch.
6. If the paramedics do not arrive and the boy’s symptoms do not resole then give a second dose and note the time. IT IS ALWAYS BETTER TO GIVE ADRENALIN THAN TO HOLD BACK.

Await ambulance and monitor child’s condition – do not allow child to stand up even if symptoms have resolved.

Appendix 6

PROTOCOL FOR CARE OF PUPIL WITH EPILEPSY

Epilepsy is caused by a disturbance in the function of the brain, resulting in a seizure of simultaneous involuntary contraction of some or many of the body’s muscles. In children, this is controlled by medication, but school staff should be aware that they have the condition even if symptoms are well controlled.

Children diagnosed with epilepsy are normal in every respect and can lead a normal school life. There are however guidelines which should be followed in the event of a seizure which involves loss of consciousness and convulsion.

* Protect the person from injury by cushioning their head.
* If possible call/or send someone to fetch the school nurse.
* Give reassurance and be a calming presence.
* Place in the recovery position until they are fully recovered.
* Inform the child’s parents that they have experienced a seizure as soon as possible.
* Inform the School Nurse that the child has experienced a seizure for arrangement of follow up care.

DO NOT

Restrain the child

Put anything in the child’s mouth

Assume the child is aware of what is happening

Try to move the child unless they are in danger

Give the child anything to eat or drink until they are fully recovered

Attempt bring them round

Occasionally during a seizure incontinence of both urine and faeces can occur. Be aware of this and provide privacy and maintain dignity as far as is possible.

CALL 999 IF…

* You believe it to be the child’s first seizure.
* The seizure continues for more than 5 minutes.
* One seizure follows another without the child regaining awareness.
* The child is injured during the seizure.
* You believe the child needs urgent medical attention.

Appendix 7

Papplewick School Protocol for the care of Boys with Diabetes

Diabetes Mellitus in children is due to a lack of insulin – a hormone that controls sugar in the blood. Diabetes causes the glucose in the body and in the urine to rise to high levels, which will affect the body in various different ways. Children with untreated diabetes often pass large amounts of urine, are extremely thirsty, may feel tired and lose weight. If not treated then diabetes is a life threatening condition.

Virtually all children have Type 1 Diabetes, which is caused by the pancreas not producing enough insulin to convert the glucose in the blood into energy. People with this type of diabetes need to replace their missing insulin and so will need to take insulin by injection or pump therapy for the rest of their lives.

Hypoglycaemia

A drop in blood glucose levels causes hypoglycaemia. There can be no known cause for this but it can be caused by excessive or unplanned exercise, too much insulin, hunger or if a meal is delayed or the child is unwell.

Signs of hypoglycaemia are Hunger, trembling, sweating, anxiety, palpitations, tingling sensation, glazed eyes, pallor, mood change – anger or aggression, lack of concentration, vagueness, drowsiness.

Treatment of Hypoglycaemia

1. Glucogel which should always be carried by the boy
2. A sugary snack or drink e.g Lucozade
3. Glucose sweets or ordinary sweets
4. Contact the School Nurse as soon possible to assess the boy and administer the hypoglycaemic kit

The School Nurse will monitor the boy so that sugar levels and ketones are checked.

Hyperglycaemia

Hyperglycaemia occurs when the level of glucose in the blood rise too high. If the levels stay high the pupil may become very unwell. It can be caused by too little or no insulin, too much food, stress, less exercise than normal, infection and fever.

Symptoms of hyperglycaemia are:

Raging thirst, frequent urination, tiredness, dry skin, nausea, blurred vision

If any of these symptoms are present, a member of staff must take the pupil to the medical centre to be monitored by the School Nurse. If the School Nurse is not available then the matron on duty must look after the boy in the school sickbay. Do not leave a boy suffering with hyperglycaemia on his own. The boy’s parents must be contacted who may request that extra doses of insulin are administered.

If left without treating or if these symptoms in undiagnosed individuals are not addressed then the symptoms can develop into ketoacidosis, which is a life threatening condition.

CALL 999 IF…

Vomiting occurs

Deep and rapid breathing

Evidence of a distinctive smell of nail polish remover on the child’s breath.

GENERAL CARE OF DIABETIC BOYS

If a member of staff notices that, a Diabetic boy appears to be unwell over a period of days they must inform the School Nurse.

If a member of staff notices any child with rapid weight loss, raging thirst and repeated requests to leave a lesson for toilet breaks – please inform the School Nurse urgently.

Please allow eating/snacks when required.

If a diabetic boy feels he needs to see the School Nurse, he must always have an adult to take him to sickbay, in case he becomes on the way there.

Always check that a diabetic boy has had a carbohydrate snack prior to sporting activities.

Laura Wooldridge

School Nurse

SEPTEMBER 2021