



PRAESTAT OPES SAPIENTIA

HAMPTON SCHOOL

First Aid Policy

Introduction

In accordance with Health and Safety legislation (Health and Safety (First Aid) Regulations 1981) it is the responsibility of the Governing Body to ensure adequate and appropriate First Aid provision at all times when there are people on the School premises and for staff and pupils during off-site visits and activities.

ISI Regulatory Standard 3.1.3 (6) states that 'The School shall have and implement a satisfactory written policy on first aid'. Standard 5(l) specifies that 'there should be appropriate facilities for pupils who are ill.'

Aims and Objectives of the Policy

The policy outlines the support provided by the School to staff and to parents/guardians to ensure pupils' healthcare needs are met, and it recognises the professional obligation of the School Nurses.

This policy is a framework to facilitate the care of a sick or injured pupil whilst in the care of the School. The procedures within the policy outline the steps which will be taken, and the support which will be provided to those pupils who are sick or injured at School.

The policy is available to all staff and to prospective or current parents/guardians.

The policy will be reviewed annually and any changes to practice that are required will be made.

The School Nurses aim to treat and prevent ill health, promote healthy living, empower pupils to take responsibility for their own healthcare, and enable them to make informed choices by providing up-to-date information.

Provision of First Aid Personnel and Equipment

The School has a Medical Room and there is a qualified nurse on duty from 8.30am-5.00pm, Monday to Friday, who is available to administer first aid, deal with any incidents or emergencies, or help someone who is taken ill.

The Medical Room can be contacted directly on 0208 783 4031 or by email nurse@hamptonschool.org.uk.

In the absence of the School Nurse, Reception should be the next point of contact to locate a trained first aider. A notice will be displayed on the door of the Medical Room giving details of how to obtain help.

Pupils and staff can access the Medical Room freely without accompaniment during the school day. The exception to this would be if there was a concern for their safety, for example if they had sustained a head injury in which case they should be accompanied either by a member of staff or another pupil. The pupil will be assessed by the School Nurse or First Aider prior to treatment or being sent home. If the injury requires hospital treatment then parents will be contacted or, in cases of an emergency, an ambulance will be called. A record of medication and treatment given is recorded in the daily medical log.

Date updated	May 2017	Date ratified by Governors	June 2017
Date for next review	May 2018	Reason for review	Annual Review

The School Nurse is responsible for:

- Providing First Aid support during school hours
- Informing parents of any incident where significant injury or illness has occurred. If the injury is a suspected head injury, please also refer to the specific policy (**K10 – Head Injury & Concussion policy**).
- Liaising with the Health and Safety Committee on First Aid issues
- Organising provision and regular replenishment of First Aid equipment
- Maintaining records of Incident Reports

Qualified First Aiders are responsible for:

- Responding promptly to calls for assistance
- Providing First Aid support within their level of competence
- Summoning medical help as necessary
- Recording details of treatment given on Incident Forms

The Head of Games is responsible for:

- Ensuring appropriate First Aid cover is available at all sports activities
- Ensuring First Aid kits are available for all practice sessions and matches
- Recording details of treatment given on Incident Forms

All staff are responsible for:

- Acting in capacity of responsible adult in the event of an emergency
- Accurately recording all accidents on Incident Forms
- Carrying out risk assessments for any off-site trips, and ensuring adequate First Aid provisions are taken. First Aid Kits are available from the School Nurse. It is preferable that a qualified First Aider accompanies any School trips.

First Aiders

The School has a number of members of staff who are trained and qualified as First Aiders, **see Appendix 1 for a list of staff who are First Aid trained**. The Senior Tutor, Mr Clarke (DRC), in conjunction with the School Nurse, is responsible for identifying First Aid training needs and for maintaining a record of all staff that are trained or who require further updates. All School staff are encouraged to take part in First Aid training.

A **First Aider** is qualified to give immediate help to casualties with common injuries and illnesses and those arising from specific hazards in School, and must complete a three day HSE approved “First Aid at Work” (FAW) training course and hold a valid certificate of competence: the certificate is valid for three years and the Senior Tutor will organise refresher training before the expiry date.

An **Appointed Person** is not a First Aider but in the absence of a First Aider, can take charge of an injured person until a First Aider arrives and takes responsibility for First Aid treatment. An Appointed Person must have completed a minimum of a four-hour course. Most Hampton staff complete a six-hour Emergency FAW course, renewable every three years.

Emergency first Aiders are members of staff who are not qualified First Aiders but who are responsible for looking after the First Aid equipment and facilities and calling the emergency services if required. Emergency First Aiders can, if necessary, administer First Aid. Emergency First Aiders have had at least four contact hours of Emergency First Aid Training provided for them.

Appointed Trainers

Hampton School has appointed Surrey First Aid Training Ltd, St John's Ambulance, Mrs Liz Searle, Mr Patrick Walsh, and other firms on occasions, as their specialist advisers and trainers for First Aid.

First Aid Boxes

First Aid boxes are located in many areas and Departments around the School. Eye wash stations are also provided in some Departments for emergency eyewash irrigation. **See Appendix 2 for locations of First Aid Boxes.**

First Aid boxes are clearly marked and each container adheres to the British Standard 8599. The School Nurse should be notified when items have been used so that they can be replaced. The contents of First Aid boxes may vary, depending on particular needs in location (for example, blue detectable plasters in food areas, hand-cleansing gel where there is no easy access to hand-washing.) **Appendix 3 contains a list of the contents of a typical First Aid kit.**

The School Nurse is responsible for checking, restocking if necessary and maintaining a register for the boxes on an annual basis.

A First Aid kit should be taken to all off-site activities and visits. Kits suitable for use on day trips and those involving overnight stays are available from the School Nurse and are checked by the appointed First Aider for the trip and the School Nurse. **Appendix 3 contains a list of the contents of a typical First Aid kit.** The teacher in charge of the trip is responsible for ensuring that the parental consent form is signed and completed with any relevant medical information for each pupil. All School vehicles contain First Aid boxes and these are monitored on a weekly/regular basis by the Caretakers as part of their safety checks.

There are portable First Aid kits in the Sports Department, which should be taken to all games practices and matches. The kits should be returned to the Sports Hall for checking and restocking at least once a term by Mr Sims (i/c Sports Rehabilitation). To further enhance the medical provision available for pupils involved in sports fixtures, MRI Events, a private company, will provide First Aid cover at home games for football and rugby Saturday matches.

The Head Groundsman monitors the use of the two First Aid kits that are held in the garage and the Grounds Staff office. He maintains a log of all minor injuries sustained by the Grounds Staff and informs the School Nurse of any more major injuries, completing the standard Incident Report Form (Appendix 5).

First Aid kits are also held in the Adventure Society stores for use on both Adventure Society and Duke of Edinburgh Award trips. These kits are overseen by Mr Patrick Walsh and the Adventure Society staff.

Defibrillators

The School has four defibrillator support systems for associated emergencies in the School. These are located in the main School entrance behind the Reception desk, in the Hammond Theatre foyer, by the entrance to the Sports Pavilion and at the Boat House. A number of staff have been trained to use them. However, the defibrillator is designed to be used by any responsible person with or without training in an emergency. Clear guidance on how to use it is given on opening. **Please refer to the School's Defibrillator Policy (K09).**

Pupils' Medical Information

Parents/guardians must complete a health questionnaire prior to a pupil's entry into the School. The questionnaire outlines significant past medical problems, current ailments and present treatment, as well as known allergies, and the dates and details of all immunisations. This information is essential for use by the School Nurses when supporting the health and welfare of pupils, both on an individual basis and to ensure the health of the School as a community. The questionnaire includes consent for appropriate and trained School staff to administer approved medications including emergency medications such as epinephrine for anaphylaxis and salbutamol for asthma. Consent is also sought to administer other medicines such as Paracetamol, Ibuprofen and antihistamine as required. Further information regarding

this can be found in the School's **Administration of Medicines Policy (K08)**.

New pupils and staff are given information about the Medical Room as part of their induction into the School.

Arrangements for pupils with allergies and medical conditions

The information held by the School includes a record of pupils who need to have access to asthma inhalers, auto injector devices (such as EpiPens or Jext), insulin injections or similar and this information is circulated to First Aiders and other staff on a need to know basis.

It is expected that individual pupils will carry their own emergency medical equipment. Spare emergency medicines should be stored with the School Nurses in the Medical Room.

Within the School population, there are a number of pupils who may suffer from asthma, epilepsy, diabetes and anaphylaxis. Further information is provided in Appendix 4.

Procedure in the event of an accident or injury

All casualties in School should be assessed by a School Nurse/ First Aider who should be called to attend without delay. Whenever possible someone should remain with the casualty until help arrives.

All casualties on the games field should be assessed by a medic/First Aider; this should be via a MRI Events medic during a Saturday football or rugby match; during the school week, if appropriate, they can go to the Medical Room with an escort for further treatment.

All pupils who have been concussed or shocked or have difficulty in walking should be escorted and if necessary transported to the Medical Room, or to Accident and Emergency if appropriate, as soon as possible. No incidents of concussion or suspected concussion should be allowed to go unreported and the pupil must come off for medical assessment if there is a concern during a sports fixture.

During a sports fixture the referee is responsible for stopping the game and ensuring the injured player is given the necessary space to be treated by qualified medical staff or First Aider.

In the event of potentially serious injury, particularly neck, head or back injuries – the casualty must **NOT** be moved. The First Aider should take control of the situation and an ambulance should be called.

For **all** cases of concussion, the RFU guidelines are followed. Players suspected of having concussion or diagnosed with concussion must go through a graduated return to play protocol (GRTP). **Please refer to the School's Head Injury & Concussion Policy (K10)**.

If an ambulance is called, a responsible adult should go to the front of the School to give directions to the ambulance crew. Parents /guardians of the casualty must be notified and a responsible adult should accompany the casualty to hospital with written details of the incident and any treatment/drugs.

The School recognises that Staff acting as First Aiders can only give the amount of treatment that each individual feels competent to give. An ambulance should be called when there is not sufficient expertise or equipment to control a medical situation and when it is not appropriate to move the patient. This could be due to any injury or illness.

Emergency Medical Parental Consent

Should it prove difficult to contact a pupil's parents/guardians in the event of an emergency, the School's current Terms and Conditions allow the Headmaster, or his appointed staff, to take any necessary action or provide a doctor or hospital staff with any necessary medical information and consent. In such circumstances, due consideration would be given to a boy's recorded ethical or religious background

Ambulances

To call an ambulance from a School telephone dial '999' for the emergency services.

If an ambulance is called, then the First Aider or Emergency First Aider should make arrangements for the

ambulance to have access to the location of the injured person. For the avoidance of doubt, the First Aider should provide the address and/or location and should arrange for the ambulance to be met at the front of the School.

Arrangements should be then made to ensure that any pupil 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.

Staff should always call an ambulance in the following circumstances:

- In the event of a serious injury or illness
- In the event of any significant head injury
- In the event of a period of unconsciousness
- Whenever there is the possibility of a serious fracture or dislocation
- In the event that the School Nurse or First Aider considers that he/she cannot deal adequately with the presenting condition by the administration of First Aid or if he/she is unsure of the correct treatment.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)

It is a legal requirement to report certain accidents and ill health at work to the Health & Safety Executive: for example, death, major injuries, accidents resulting in over seven days' absence due to injury, diseases, dangerous occurrences and gas incidents. The Facilities Manager has responsibility for RIDDOR.

Accidents and major incidents are recorded on a School Incident Form (**see Appendix 5**) by the member of staff who witnessed the accident or who first responds to the incident, and the Form should be submitted to the School Nurse ideally within 24 hours so that it can be logged. The completed form is then circulated to Head of Year/Head of Department if necessary, Facilities Manager (Health & Safety Officer), School Bursar and the Headmaster for information and comment.

An Incident Log is maintained and then circulated to the Health & Safety Committee in advance of the termly meeting.

Departments also have Accident Report Books which are audited by the Health and Safety Committee.

Infection Control

Universal precautions

Body fluids include blood, urine, vomit and faecal matter. All must be regarded as potentially infectious and dealt with in a safe and effective manner.

Spillage Procedure

- In the event of blood loss or vomiting the School Nurse must be informed immediately to provide the appropriate treatment to the affected person.
- The area of the incident should be made safe by the first member of staff at the scene using warning signs if necessary. Where appropriate the spillage may be covered with disposable towels.
- The cleaning staff / caretakers department should be notified
- Disposable personal protective equipment (PPE), such as gloves and aprons, is available in the Medical Room, as are disinfectant solutions.
- The spillage must be cleared at the earliest opportunity.
- Aero hazard body fluid disposal kits are available in the Medical Room and in the Caretaker's Room.
 - This should be sprinkled over the spillage ensuring absolute coverage.

- Allow 90 seconds approximately before scooping debris into a suitable disposable bag - preferably a yellow clinical waste bag
- Any paper towels or similar should be sealed in a plastic rubbish bag, together with any PPE used. Disposal of infected or potentially infected material is through the Health Centre and according to Local Authority guidelines.
- Following cleaning with disinfectants the area may subsequently be washed in the normal manner, and left to dry, using warning signs where necessary.
- Cleaning equipment must be washed after use and stored dry.

Clinical waste

Clinical waste is placed in a designated waste container that meets regulations in the Medical Room and the bags are disposed of via a regular collection. Sharps and contaminated sharps are disposed of in a designated bin and disposed of as above.

APPENDIX 1 – First Aid Trained Staff

Full Name	Initials	EM 1st Aid AW	2 Day	3 Day	Defib	RLSS 1
Mr H Agulian	HA	06-Jan-17			Jan-17	
Mr N Allen	NJA	06-Jan-17			Jan-17	
Mr D Amanowicz		06-Jan-17			Jan-17	
Mr R Amirouche		06-Jan-17			Jan-17	
Mr P Armstrong	PDA			FAW Dec 2015		
Mr C Arnold	CPA			FAW June 2015	Feb-15	
Mrs E Arnott	EA	06-Jan-17			Jan-17	
Mr C Aubrey	CJA	06-Jan-17			Jan-17	
Mr T Aucutt	TRA	06-Jan-17			Jan-17	
Mr J Baker	JB	06-Jan-17			Jan-17	
Mr G Baker	GB	06-Jan-17			Jan-17	
Mr M Baker	MMB	06-Jan-17			Jan-17	
Mr A Banerjee	AMB	07-Jan-14				
Mr A Bannister	AJB	06-Jan-17			Jan-17	
Ms C Baptiste		07-Jan-14				
Mr W Barber	JWB	06-Jan-17			Jan-17	
Mr C Barnett	CJB	06-Jan-17			Jan-17	
Mr R Barrett				FAW Dec 2015		
Mrs T Bartholomew	TBA	06-Jan-17			Jan-17	
Mrs J Barun		06-Jan-17			Jan-17	
Mr T Barun		06-Jan-17			Jan-17	
Mrs M Barnes		28-Jun-16			Jun-15	
Mr A Beattie	ABE	06-Jan-17			Jan-17	

Full Name	Initials	EM 1st Aid AW	2 Day	3 Day	Defib	RLSS 1
Mrs C Beckwith					Jul-16	
Ms M Bedford	MBB	06-Oct-16				
Mr B Bett	BSB	06-Jan-17			Jan-17	
Mr C Blachford	CB	06-Oct-16				
Mr J Blighton		06-Jan-17			Jan-17	
Mr M Boardman	MBB	06-Jan-17			Jan-17	
Mr P Bolton	PDB		Outdoor Oct 16			
Mrs H Booker	HVB	06-Jan-17			Jan-17	
Ms C Brown	CBR	06-Jan-17			Jan-17	
Mrs T Browning		06-Jan-17			Jan-17	
Mrs S Buckley	SAB	06-Jan-17			Jan-17	
Mrs A Burke	ASB	06-Jan-17			Jan-17	
Ms G Busby	GJB	06-Jan-17			Jan-17	
Miss F Byrne	FGB	06-Jan-17			Jan-17	
Dr N Carrier	NC	06-Jan-17			Jan-17	
Mrs R Cash	RAC			FAW July 2015	Jan-17	
Ms H Carmichael	HEC	07-Jan-14				
Mrs M Chandler	MC	07-Jan-14				
Mr F Chaveneau	FCC	18-Jun-13				
Mr G Clark	GHC		Outdoor Nov 16		Jul-16	
Mrs H Clark	HC	06-Jan-17			Jan-17	
Mr D Clarke	DRC		Outdoor Nov 16	FAW June 2015	Jun-16	May-16
Mr P Coleman	PAC	06-Jan-17			Jan-17	
Mrs L Colvine		06-Jan-17			Jan-17	

Full Name	Initials	EM 1st Aid AW	2 Day	3 Day	Defib	RLSS 1
Ms J Condon	JRC	06-Jan-17			Jun-15	
Ms C Conway		06-Jan-17			Jan-17	
Mr A Cook				FAW June 2015	Jul-16	Jun-15
Mr AJ Cook	AJC	06-Jan-17			Jan-17	
Mrs J Cooper	JSC	06-Jan-17			Jan-17	
Mr J Crockett (assistant electrician)		18-Jun-13				
Mr M Cross	MC	06-Jan-17			Jan-17	
Mr M Curtis	MCU	06-Jan-17	Rem Outdoor Jan 14		Jan-17	
Mr R Curtis				FAW 14 Feb 2017	Jan-17	
Mr D Dar-Nell				FAW July 2015	Jun-16	May-16
Ms C Daudu		06-Jan-17			Jan-17	
Mr R Davieson	RJD	06-Jan-17			Jan-17	
Ms H Davis		06-Jan-17			Jan-17	
Ms J Davis	JPD	06-Jan-17			Jan-17	
Mrs N Day		06-Jan-17			Jan-17	
Mr S Day		06-Jan-17			Jan-17	
Mr F Doepel	FKD	06-Jan-17			Jan-17	
Mr I Donald	ICD		Outdoor Nov 16			
Ms M Doncel		06-Jan-17			Jan-17	
Mr N Double	NJD	06-Jan-17		FAW June 2015	Jul-16	
Mr A Doyle	APD	06-Jan-17			Jan-17	
Ms E Dubova	KND	Jun-13				
Mr M Duda	MJD	06-Jan-17			Jan-17	
Mr J Duffield		07-Jan-14				
Mrs C Elia		09-Jun-14			Jul-16	

Full Name	Initials	EM 1st Aid AW	2 Day	3 Day	Defib	RLSS 1
Ms J Estall		07-Jan-14				
Mr L Evans		07-Jan-14				
Mr D Fendley	DJF	06-Jan-17			Jan-17	
Ms J Field	JAF	06-Jan-17			Jan-17	
Mrs M-W Field	MWF	07-Jan-14				
Ms R Galan		06-Jan-17			Jan-17	
Ms S Garrido-Soriano	SGS	23-May-16			Jun-16	May-16
Mrs A Ghaney				FAW April 2015		
Miss C Goddard	CEG	06-Jan-17			Jan-17	
Miss A Goodman	AG		Outdoor Nov 16			
Mr N Granville				FAW Sept 12		
Mr S Gray	SG		Outdoor Oct 16			
Mrs J Green		06-Jan-17			Jan-17	
Mr C Greenaway	CPG			FAW June 2015	Jul-16	
Mrs K Griffiths		06-Jan-17			Jan-17	
Mr D Griller	DG	06-Jan-17			Jan-17	
Mrs K Hadrill		28-Jun-16				
Mrs S Harradine		28-Jun-16				
Mr C Harrison		06-Jan-17			Jan-17	
Mrs B Hart	BH	06-Jan-17			Jan-17	
Mr K Helmsley		06-Jan-17			Jan-17	
Mr T Hill	THE			FAW June 2015	Jul-16	Jun-15
Dr P Hills	PDH	06-Jan-17			Jan-17	
Mrs L Holmes	LAH	07-Jan-14				
Miss P Holmes	PAH		Outdoor Nov 13			

Full Name	Initials	EM 1st Aid AW	2 Day	3 Day	Defib	RLSS 1
Mr J Hope		06-Jan-17			Jan-17	
Mr D Hughes				FAW Dec 2015	Jul-16	
Mr G Hunt				FAW March 2012	Jun-15	
Mrs E Hutchinson		06-Jan-17			Jan-17	
Ms J Iredale		06-Jan-17			Jan-17	
Miss A Jacobs	AHJ	06-Jan-17			Jan-17	
Mr R Jarvis				FAW 3 Feb 2017	Jun-15	
Mrs N Jefferson		06-Jan-17			Jan-17	
Mr T Jenkins	TJL	06-Jan-17			Jan-17	
Ms J Jeyarajan		06-Jan-17			Jan-17	
Ms L Jones		07-Jan-14				
Mr W Jones		06-Jan-17			Jan-17	
Mr F Keenan		06-Jan-17			Jan-17	
Mr A Kershaw	AWK	06-Jan-17			Jan-17	
Ms A Kellova		06-Jan-17			Jan-17	
Mr M King				FAW July 2015	Jul-16	
Mrs S Kirby	SJK	06-Jan-17			Jan-17	
Mrs J Knibbs	JFK	06-Jan-17			Jan-17	
Mr R Kothakota	RKK	06-Jan-17			Jan-17	
Ms R Kugele	RK	06-Jan-17			Jan-17	
Ms S Langdon	SRL		Outdoor Nov 16			
Mr P Langton	PHL	23-May-16			Jun-16	May-16
Ms C Latulipe	CL	06-Jan-17			Jan-17	
Ms F Latulipe	FDL	06-Jan-17			Jan-17	
Mr A Lawrence	AJL	06-Jan-17			Jan-17	

Full Name	Initials	EM 1st Aid AW	2 Day	3 Day	Defib	RLSS 1
Dr T Leary	TJL		Outdoor Nov 16			
Mr J Lee	JJL		Outdoor Nov 16			
Mrs L Lewis		28-Jun-16				
Mr C Liddiard				FAW Oct 2015		
Mr T Liversage					Feb-15	
Mr C Malston	CAM	06-Jan-17			Jan-17	
Ms V Mallula		06-Jan-17			Jan-17	
Mrs K Martin	KLM	06-Jan-17			Jan-17	
Mr A McBay	ANM	18-Jun-13				
Ms P Message	PZM	06-Jan-17			Jul-16	
Ms K Millar	KEM	06-Jan-17			Jan-17	
Mr C Mills	CTM		Outdoor Oct 16		Jun-16	May-16
Mrs K Mimmagh	KM	06-Jan-17			Jan-17	
Mr O Morris	JOM	06-Jan-17			Jan-17	
Mr S Nathan		06-Jan-17			Jan-17	
Mr J Neville	JN	06-Jan-17			Jul-16	
Mr M Nicholson	MAN		Rem Outdoor Jan 14			
Mrs R Nicholson	RJN		Rem Outdoor Jan 14			
Mr J Odling	JFO	06-Jan-17			Jan-17	
Mrs L Oldfield	LEO			FAW June 2015		
Mrs J Owen	JCO	06-Jan-17			Jan-17	
Mr L Owens		06-Jan-17			Jan-17	
Ms M-A Palmer		07-Jan-14				
Mr S Paraskos	SP	06-Jan-17			Jan-17	
Mr J Parrish	JP	07-Jan-14				
Ms K Parkin		07-Jan-14				

Full Name	Initials	EM 1st Aid AW	2 Day	3 Day	Defib	RLSS 1
Mrs H E Partridge	HEP	07-Jan-14				
Mr T Passmore	TNP	06-Jan-17			Jan-17	
Mr M Payne	MP	07-Jan-14				
Mrs J Peattie	JLP	06-Jan-17			Jan-17	
Mrs J Perkins	JEP	06-Jan-17			Jan-17	
Mr J Perz	JWP	06-Jan-17				
Mr D Phillips	DCP		Outdoor Nov 16		Jun-16	
Mrs A Polise		06-Jan-17			Jan-17	
Miss K Puddy				FAW Dec 2015	Jul-16	
Mrs C Reilly	CFR	06-Jan-17			Jan-17	
Ms C Reyner	CHR	06-Jan-17			Jan-17	
Mr M Richards	MR	06-Jan-17			Jan-17	
Ms K Riches		07-Jan-14				
Mr T Rigby	TFR	06-Jan-17			Jan-17	
Mr D Roland	DER	23-May-16			Jun-16	May-16
Mr P Rowntree	PR	06-Jan-17			Jan-17	
Mr L Rouse	LOR	06-Jan-17			Jan-17	
Mrs A Samuel	AES	06-Jan-17			Jan-17	
Mr M Samways		07-Jan-14				
Mr J Sarpong	JOS	06-Jan-17			Jan-17	
Mr D Saul	DS		Outdoor Nov 16	FAW June 2015	Jul-16	Jun-15
Mr D Schofield	DAS	06-Jan-17			Jan-17	
Mr C Schurch	CMS			FAW Dec 2015		

Full Name	Initials	EM 1st Aid AW	2 Day	3 Day	Defib	RLSS 1
Mr O Semar		06-Jan-17			Jan-17	
Mr P Sheehan				FAW 3 Feb 2017	Jun-15	
Mrs V Short	VS	06-Jan-17			Jan-17	
Mr M Sims	MKS	14-Jan-16			Jul-16	
Miss H Slater	HSS	06-Jan-17			Jan-17	
Mr J Slater	JDS	06-Jan-17			Jan-17	
Mr P Smith	PS	06-Jan-17			Jan-17	
Ms S Smith	SES	06-Jan-17			Jan-17	
Ms V Smith	VMS	06-Jan-17			Jan-17	
Mr N Stebbings	NJS	06-Jan-17			Jan-17	
Dr M Stuart	MGS			FAW June 2015	Jun-15	
Mr P Studt	PST	07-Jan-14				
Mr M Sutton-Edwards		06-Jan-17			Jan-17	
Mr J Talman	JT	06-Jan-17			Jan-17	
Ms L Teunissen	LAT	06-Jan-17			Jan-17	
Mr M Thornton	MTT	06-Jan-17			Jan-17	
Mr P Thomas	PDT	06-Jan-17			Jan-17	
Mrs R Travena	RRT	06-Jan-17			Jan-17	
Mr R Trivedi	RRT	06-Jan-17		FAW July 2014	Jan-17	
Mr P Turner	PGT	07-Jan-14				
Mr M Yates	MGY	06-Jan-17			Jan-17	
Mr S Wakefield	SJW	06-Jan-17			Jan-17	
Mr P Walsh	POW		Outdoor Nov 16	FAW Dec 2015	Jun-16	May-16
Mr M Ward	MW	06-Oct-16				
Ms M Watson-Evans	MWA	06-Jan-17			Jan-17	

Full Name	Initials	EM 1st Aid AW	2 Day	3 Day	Defib	RLSS 1
Mr D Whitby				FAW Jan 14		
Mrs A White	AJW	06-Jan-17			Jan-17	
Mr A Wilkinson	SAW	07-Jan-14			Jul-16	
Miss K Willett	KEW	06-Oct-16				
Mrs K Williams	KAW	06-Jan-17			Jan-17	
Mr N Woods	NDW	07-Jan-14			Jul-16	
Miss D Woodward	DCW	06-Jan-17			Jan-17	
Mr R Worrallo	RDW	06-Jan-17			Jan-17	
Mrs S Yoxon	SCY	06-Jan-17			Jan-17	
Mrs H Zhang	YHZ	06-Jan-17			Jan-17	
Mrs H Zhou	HZ	08-Dec-15				
Emergency FAW: 141						
2 Day outdoor: 13						
3 Day FAW: 24						

Defibrillator Aware Jan-17

RLSS 1 = One Day Rescue Test for Teachers

NWS 2= National Water Safety Management Programme - valid for two years

Appendix 2 First Aid Kit Locations

Hampton Main Building

Location	Number
Art	2
Biology	9
Bursary	1
Keepers rooms	2
Chemistry	10
Cleaners room	1
Design Technology	3
Garrick	1
Front Reception	1
Geography office	5
Hammond theatre office	1
Hammond Theatre	1
Medical room	1
Maintenance office	1
Music	1
Physics	8
Reception	1
Staff common room	1

Pavilion & Grounds staff building (Area 4)

Location	Number
Adventure Society Store	10
Grounds staff mess room	1
Grounds staff garage	3
Pavilion kitchen	1

Sports Department

Location	Number
Sports Hall office	1
Travelling bags (i/c M Sims)	33
Boat House	2 + 6 in boats

School vehicles

Location	Number
Minibus 1:	1
Minibus 2:	1
Minibus 3:	1
Minibus 4:	1
People Carrier 1:	1
People Carrier 2:	1
Ford Transporter	1
Boat Club 4x4:	1
Catering van	1
Maintenance van	1

Eye Wash

Location
All Chemistry laboratories
All Physics laboratories
All Biology laboratories
Design Technology
Grounds staff
Boat House

Defibrillators

Location	Number
Main Entrance – behind Reception	1
Hammond Theatre foyer	1
Sports Pavilion entrance	1
Boat House	1

Appendix 3 First Aid boxes: List of Contents in an average kit

First Aid guidance leaflet

- 1 x medium sterile dressing
- 1 x large sterile dressing
- 1 x triangular bandage
- 2 x safety pins
- 4 x alcohol free cleansing wipes
- 10 x sterile saline solution pods
- 10 x sterile plasters
- 1 x eye pad sterile dressing
- 1 x roll adhesive tape
- 1 x resuscitation face shield
- 1 x foil blanket
- 1 x burn dressing
- 1 x disposable gloves
- 1 x scissors
- 1 x conforming bandage
- 1 x small clinical waste bag
- Incident Form and pen

Appendix 4 Treatment Guidance for: Asthma, Epilepsy, Diabetes and Anaphylaxis

Asthma

- Pupils with asthma should always carry their blue inhaler with them and parents are requested to provide a spare, named inhaler which should be given to the School Nurse in the Medical Room in case of emergency. Any other medication or equipment, such as a spacer, should also be kept in the Medical room for safe keeping.
- Pupils who suffer from exercise induced asthma should be provided with the opportunity, if required, to have a puff of their inhaler before they start exercise.
- Pupils should always carry an inhaler whilst on the school premises, including any offsite activities, i.e. sports held at any venue and school trips. Staff will also take the emergency medication from the medical room when a pupil goes on a school trip.
- The School Nurses holds a register for signing these medications in and out.

Asthma Attack Guidelines

Any of the following might trigger an attack: Cold (e.g. cold frosty mornings); hay fever; exercise; excitement or prolonged laughing; fumes (e.g. glue, paint, fumes from science experiments); viral infection (e.g. common cold); allergic reaction (e.g. food, animals); wood dust; stress (though this rarely in itself triggers an attack)

Under no circumstances should a member of staff leave the pupil unattended.

- The pupil is likely to have experienced such attacks before and will usually know what to do: be advised by him or her as to what is likely to be most effective. There are, however, some standard procedures, in the case of mild attack, which staff should initially follow before assessing whether to summon the Nurse:
- Stay calm and reassure the pupil.
- Sit the pupil upright or leaning forwards slightly as this will assist breathing. Don't make him or her lie down. Make sure the pupil is comfortable.
- Ensure that the reliever inhaler (blue) is taken promptly to open up the narrowed air passages.
- Administer two puffs.
- **If on the main school site:** encourage the pupil to breathe slowly and deeply. If, after two minutes, the pupil feels that improvement is not quite good enough, encourage him or her to use the reliever inhaler again. If there has been no improvement after five minutes, accompany the pupil to the Medical Room to be assessed by the School Nurse. If symptoms resolve the pupil may go back to class. If no improvement, parents will be contacted and, if necessary, the child will be transferred to hospital, accompanied by an adult.
- **If you are not on the main school site:** encourage the pupil to breathe slowly and deeply. If, after two minutes, the pupil feels that improvement is not quite good enough, encourage him or her to use the reliever inhaler again. If there has been no improvement after five minutes, contact the parents and emergency services.

Epilepsy

This is caused by a temporary malfunction in the brain's biochemistry. It is usually controlled by medication taken outside school hours, and it is unlikely that medication would be required during the school day except in the most severe cases. There are two principal forms of this:

Petit Mal/Absence Seizure

No specific aid is required, but the seizure should be noted and reported to the School Nurse.

Symptoms: the pupil looks blank, stares and may have a slight twitching or blinking for a few seconds. The pupil is unaware of the attack.

Convulsive Seizure

This is alarming for the onlooker, but not normally harmful for the pupils, except in case of injury. As soon as the pupil begins to fit, send for the School Nurse. The fit cannot be prevented, so the principal concern is to protect the pupil from injuring him or herself during the fit and to provide care on a temporary basis once he or she has regained consciousness.

Warning signs: the pupil may cry out, their body stiffen and then fall to the floor. This would be followed by convulsions. Alternatively, the fit may begin with an “aura” or warning, e.g. visual, auditory. The pupil will be unconscious or only semi-conscious, and may well be incontinent. He or she may salivate, and the saliva could be flecked with blood (if tongue or cheeks have been bitten). The fit may last a few minutes.

- Ease the pupil gently to the ground and then stand away
- Clear a space around the pupil, removing any objects on which they may hurt themselves
- Keep other pupils well away – prevent gathering and staring
- If possible, loosen clothing around the neck and place something soft under the head, but do not try to restrain the convulsive movements.
- Contact the School Nurse.

Do not:

- Try to put anything between the teeth
- Give anything to drink
- Restrain the pupil
- Move or lift the pupil
- Leave the pupil on their own

Once the convulsions have stopped, turn the pupil onto his or her side in the Recovery Position to aid breathing. Wipe away saliva from around the mouth. On regaining full consciousness, the pupil will be confused and disorientated for a while. It is vital to be reassuring and supportive during this period. If the child has been incontinent, arrange for him or her to be covered with a blanket, to minimise embarrassment. The pupil should be provided with the opportunity to sleep after the attack.

It should not normally be necessary to send the pupil home after a seizure, but in all cases the School Nurse should be informed, and she should communicate to the parents that a seizure has occurred.

It is essential, however, for the School Nurse to contact the emergency services and arrange for the pupil to be sent to casualty, accompanied by an adult, if:

- It is the first fit of a pupil not previously diagnosed as epileptic
- A seizure shows no signs of stopping after three minutes
- A series of seizures takes place without the individual fully regaining consciousness from the fits – a state known as Status Epilepticus
- The pupil seriously injures him or herself in the course of the seizure

Diabetes – Hypoglycaemia and Hyperglycaemia

A complication may be caused by either too much glucose (Hyper) or too little (Hypo) in the blood stream.

Symptoms:

"Pear Drop" breath	Trembling	Confusion	Shaking
Increased breathing rate	Seizures	Sweating	Coma
Increased pass urine	Thirsty	Weight loss	
Increased heart rate	Lethargy	Changes in character or behaviour	

Action:

- Sit the child down.
- If child aware hypoglycaemic and can eat or drink independently, then offer a sugary drink or sweet food.
- Send to Medical Room accompanied by one other person further assessment.
- If child semi-conscious or unconscious, convulsing or unable to take anything by mouth, then place in the recovery position, nil by mouth and dial 999.

Treatment of Hyperglycaemia (blood glucose above 14mmols)

If no other symptoms:

- Send to the Medical Room for further assessment
- Encourage sugar free fluids
- No exercise
- Allow free access to toilet
- Recheck blood glucose level in one hour; if still above 14, then consider a correctional dose

If symptomatic – headache, abdominal pain, sickness or vomiting - then contact parents immediately. If symptoms worsening the dial 999.

Anaphylaxis

Anaphylaxis is a severe allergic reaction requiring immediate medical attention. The reaction usually occurs within minutes of exposure to the "trigger" substance although rarely the reaction may be delayed for up to a few hours. Common triggers include peanuts, tree nuts, eggs, cow's milk, shellfish, insect stings and drugs such as Penicillin and Aspirin.

Signs and symptoms of anaphylaxis may include any or all of the following:

- Itchy urticarial rash ("hives") anywhere on the body
- Runny nose and watery eyes
- Nausea and vomiting
- Dizziness
- Swelling of lips, tongue and throat
- Cough, wheeze or tightness of the chest
- Sudden collapse or unconsciousness

Treatment depends on the severity of the reaction and may require an emergency injection of adrenaline. This is usually given via an auto-injector device (EpiPen or Jext) into the thigh muscle.

Management in School

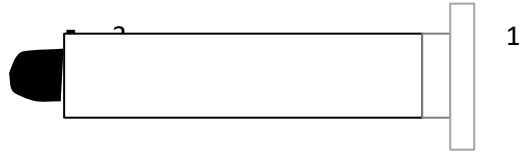
- Parents should inform the School of their child's allergy as soon as possible.
- The School Nurse will discuss with parents the specific arrangements for their child.
- Parents should teach their child how to manage his own allergy, about safe and unsafe foods, how to recognise an allergic reaction, when to alert an adult and how to self-administer emergency medication.
- The School Nurse will inform all teaching staff and the School's Catering Manager of the child's allergy and treatment.
- The School Nurse will display a list of pupils with severe allergies (with photographs) in the Common Room.
- Annual training will be given to all staff in the recognition and treatment of anaphylaxis, use of Auto injector device and how to summon help in an emergency.
- Catering staff will take all reasonable steps to ensure suitable food is available and will advise students on ingredients and food choices as required.
- It is expected that the student will carry emergency medication (EpiPen/Jext) with him at all times in school together with any other emergency medication e.g. asthma inhalers.
- Spare emergency medicines should be stored with the School Nurse in the Medical Room.
- Specific arrangements should be made with staff and the student for after-school or weekend activities and for school trips and visits.
- Teaching staff should discuss specific arrangements with parents prior to any lessons which include any food-related activities.
- Parents are responsible for maintaining up-to-date supplies of medication.

Anaphylaxis - Treatment Guidelines

Treatment depends on the severity of the reaction.

- Reassure the casualty.
- If the reaction is mild; contact the nurse and if possible, give 5mls of PIRITON SYRUP immediately.
- Sit the casualty in a comfortable chair, only lie him down if very drowsy, pale or unconscious.
- If the child is deteriorating rapidly (breathing becomes noisy or obstructed or child becomes very pale, drowsy, floppy or unconscious), or the Nurse is not available, use the adrenaline auto injector device (full instructions on box) and call an ambulance immediately, stating "**child with anaphylaxis**".
- Send a responsible person to get the child's spare auto injector device from the Medical Room in case a second dose is required.
- If an adrenalin auto injector device is used, the casualty **MUST** go to hospital for observation (effects of injection wear off in approximately 20 minutes).
- If the child is taken to hospital it may be necessary for a member of staff to accompany the child and stay until the parents arrive.
- Record the incident on an Incident Report form.
- Remind parents to replace medication as necessary.

- **Directions for using an adrenaline auto-injector device**



- Twist off grey safety cap.
- Place black tip on casualty's thigh holding EpiPen at right angles to the leg (it is not necessary to remove clothing).
- Press EpiPen firmly against the thigh; a "click" will be heard as the injector-mechanism fires.
- Keep the EpiPen at right angles to the leg and remove by pulling away from the leg. Massage the injection area for ten seconds.
- Put the used EpiPen in a safe place (the needle will remain exposed and dangerous). You will need to show the EpiPen to the Ambulance crew.
- Call 999 for an ambulance if you haven't already done so.
- Stay with the casualty, reassure and observe.
- Ask someone to contact parents.



HAMPTON SCHOOL INCIDENT REPORT

Circulation:		Form No.:	
1. School Nurse 2. Head of Dept./Head of Year/Line Manager 3. Facilities Manager 4. School Bursar 5. Headmaster 6. Bursary			
Form generated by:		Form Issue Date:	
Name:			
Position:			
Name of injured/affected person:			
Surname:		Forename:	
		Pupil <input type="checkbox"/> Staff <input type="checkbox"/> Visitor <input type="checkbox"/>	
Sex:		Date of birth:	
		Pupil's Form:	
Address:			
Details of accident/incident:			
Activity:		Date:	
		Time: Location:	
Witnesses:			
Others involved:		Surname:	
		Forename:	
Details of injury:			
Nature of injury (if none, write none):			
Part of the body affected:			
Treatment (tick boxes):		No treatment <input type="checkbox"/>	
		First Aid <input type="checkbox"/> Resumed work/lessons <input type="checkbox"/> Sent home <input type="checkbox"/>	
Attended GP <input type="checkbox"/>		Sent to hospital <input type="checkbox"/>	
		Head Injury Leaflet given <input type="checkbox"/> Head Injury Leaflet discussed with pupil <input type="checkbox"/> Head Injury Leaflet discussed with parent <input type="checkbox"/>	
Parent informed <input type="checkbox"/>		Detained for	
	 hours	

Immediate action taken:		
Completed by (Name).....(PLEASE PRINT)		Date.....
Description of events leading up to the Accident or Incident:		
Completed by (Name).....(PLEASE PRINT)		Date.....
Treatment confirmed.....School Nurse		Date.....
Cause of accident/incident:		
Description of possible causes of accident/incident:		
Completed by (Name).....(PLEASE PRINT)		Date.....
Recommendations to reduce similar incidents/Result of investigation:		
Completed by (Name).....(PLEASE PRINT)		Date.....
Head of Department/Year/Line Manager (Name).....(PLEASE PRINT)		Date.....
Outcome (tick boxes):		
Not off work or School <input type="checkbox"/>	Off work or School less than 3 days <input type="checkbox"/>	Off work or School more than 3 days <input type="checkbox"/>
Temporary incapacity <input type="checkbox"/>	Permanent partial disability <input type="checkbox"/>	
Follow-up action taken:		
Completed by.....		(Facilities Manager) Date.....
Administration:		
1. Bursar	Date.....	
2. Headmaster	Date	
Additional comments:		
(Name).....(PLEASE PRINT)		Date.....

PLEASE RETURN COMPLETED FORM TO THE FACILITIES MANAGER