



PRAESTAT OPES SAPIENTIA

HAMPTON SCHOOL

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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

1. 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.
2. 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.
3. The policy is available to all staff and to prospective or current parents/guardians.
4. The policy will be reviewed annually and any changes to practice that are required will be made.
5. 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.

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
- Training staff on drug administration for trips and nurse cover

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 Director of Sport (CTM – Carlos Mills) is responsible for:

- Ensuring appropriate First Aid cover is available at all sports activities
- Ensuring First Aid kits are available for all 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 (**Appendix 1**). 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.

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 six contact hours of Emergency First Aid Training provided for them.

Appointed Trainers

Hampton School has an Ofqual recognised First Aid trainer on the staff and when necessary appoints Surrey First Aid Training Ltd or St John's Ambulance 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 (**Appendix 2**).

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**).

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**). 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 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 Paul Taylor 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 the use of defibrillators (**K09 – Defibrillator Policy**).

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 auto-adrenaline 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 policy (**K08 - Administration of Medicines Policy**).

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, emerade 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

1. 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.
2. All casualties on the sports 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.
3. 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.
4. 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.
5. 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.
6. 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)**.
7. 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 Deputy Bursar 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, Deputy Bursar (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.
- The spillage should be completely covered.
- Allow approximately 90 seconds 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	RLSS 1	NWS 2	Expedition
Mr H Agulian	HA	06-Jan-17					
Mr N Allen	NJA	06-Jan-17					
Mr D Amanowicz		06-Jan-17					
Mr R Amirouche		06-Jan-17					
Mr C Arnold	CPA			FAW Oct 2018			
Mrs E Arnott	EA	06-Jan-17					
Mr C Aubrey	CJA	06-Jan-17					
Mr T Aucutt	TRA	06-Jan-17					
Mr J Baker	JB	06-Jan-17					
Mr G Baker	GB	06-Jan-17					
Mr M Baker	MMB	06-Jan-17					
Mr A Bannister	AJB	06-Jan-17					
Mr W Barber	JWB	06-Jan-17					
Mrs T Bartholomew	TBA	06-Jan-17					
Mr T Barun		06-Jan-17					
Mrs M Barnes		28-Jun-16					
Ms V Barnes				FAW Dec 2017			
Mr A Beattie	ABE	06-Jan-17					
Mrs C Beckwith				FAW Feb 2018			
Ms M Bedford	MBB	06-Oct-16					
Mr B Bett	BSB	06-Jan-17					
Mr C Blachford	CB	06-Oct-16					
Mr J Blighton		06-Jan-17					
Mr M Boardman	MBB	06-Jan-17					
Mr P Bolton	PDB		Outdoor Oct 16				
Mrs H Booker	HVB	06-Jan-17					
Ms R Bradbury				FAW Dec 2017			
Ms C Brown	CBR	06-Jan-17					
Mrs T Browning		06-Jan-17					
Mrs S Buckley	SAB	06-Jan-17					
Mrs A Burke	ASB	06-Jan-17					
Ms G Busby	GJB	06-Jan-17					
Miss F Byrne	FGB	06-Jan-17					
Dr N Carrier	NC	06-Jan-17					
Mr F Chaveneau	FCC	31-Jan-18					
Mr G Clark	GHC		Outdoor Nov 16				
Mrs H Clark	HC	06-Jan-17					
Mr D Clarke	DRC		Outdoor Nov 16	FAW Oct 2018	May-16	May-17	May-18
Mrs L Colvine		06-Jan-17					
Ms J Condon	JRC	06-Jan-17		FAW Nov 2018			
Mr M Costabile	MCO	26-Nov-18					
Ms C Conway		06-Jan-17					
Mr AJ Cook	AJC	06-Jan-17					

Full Name	Initials	EM 1st Aid AW	2 Day	3 Day	RLSS 1	NWS 2	Expedition
Mrs J Cooper	JSC	06-Jan-17					
Mr M Cross	MC	06-Jan-17					
Mr J Cumberbatch				FAW Nov 2018			
Mr M Curtis	MCU	06-Jan-17					
Mr R Curtis				FAW 14 Feb 2017			
Ms C Daudu		06-Jan-17					
Mr R Davieson	RJD	06-Jan-17					
Ms J Davis	JPD	06-Jan-17					
Mrs N Day		06-Jan-17					
Ms M Doncel		06-Jan-17					
Mr N Double	NJD	06-Jan-17					
Mr A Doyle	APD	06-Jan-17					
Mr M Duda	MJD	06-Jan-17					
Ms J Estall		15-Jun-17					
Mr F Estavillo		27-Nov-18					
Mr D Fendley	DJF	06-Jan-17					
Ms J Field	JAF	06-Jan-17					
Ms R Galan		06-Jan-17					
Ms S Garrido-Soriano	SGS	23-May-16			May-16		
Mrs A Ghaney				FAW Nov 2018			
Miss C Goddard	CEG	06-Jan-17					
Miss A Goodman	AG		Outdoor Nov 16				
Mr S Gray	SG		Outdoor Oct 16				
Mrs J Green		06-Jan-17					
Mr J Griffin				FAW June 2017			
Mrs K Griffiths		06-Jan-17					
Mr D Griller	DG	06-Jan-17					
Mrs K Hadrill		28-Jun-16					
Miss R Hardman	RHA	27-Nov-18					
Mrs S Harradine		28-Jun-16					
Mr C Harrison		06-Jan-17					
Mr R Hatton				FAW June 2017			
Mrs S Havord		26-Nov-18					
Mr K Helmsley		06-Jan-17					
Mr T Hill	THE	26-Nov-18					
Miss P Holmes	PAH	15-Jun-17					May-18
Mr J Hope	JMH	06-Jan-17					
Mr D Hughes				FAW Oct 2018			
Mr C Hurst	CH			FAW Nov 2018			
Mrs E Hutchinson		06-Jan-17					
Ms J Iredale		06-Jan-17					
Miss A Jacobs	AHJ	06-Jan-17					
Mr R Jarvis				FAW 3 Feb 2017			
Mrs N Jefferson		06-Jan-17					

Full Name	Initials	EM 1st Aid AW	2 Day	3 Day	RLSS 1	NWS 2	Expedition
Mr T Jenkins	TJL	06-Jan-17					
Mr W Jones		06-Jan-17					
Mr F Keenan		06-Jan-17					
Mr A Kershaw	AWK	06-Jan-17					
Ms A Kellova		06-Jan-17					
Mr M King				FAW July 2018			
Mrs S Kirby	SJK	06-Jan-17					
Mrs J Knibbs	JFK	06-Jan-17					
Mr R Kothakota	RKK	06-Jan-17					
Ms R Kugele	RK	06-Jan-17					
Mr P Langton	PHL	23-May-16			May-16		
Ms F Latulipe	FDL	06-Jan-17		FAW Feb 18			
Mr A Lawrence	AJL	06-Jan-17					
Dr T Leary	TJL		Outdoor Nov 16				
Mr J Lee	JJL		Outdoor Nov 16				
Mrs L Lewis		28-Jun-16					
Mr T Liversage							
Mr C Lori	CL			FAW Nov 2018			
Mr C Malston	CAM	06-Jan-17					
Mrs K Martin	KLM	06-Jan-17					
Mr A McBay	ANM	15-Jun-17					
Mrs D McCarney		31-Jan-18					
Mr D McQueen				FAW Feb 18			
Ms P Message	PZM	06-Jan-17					
Ms K Millar	KEM	06-Jan-17					
Mr C Mills	CTM		Outdoor Oct 16		May-16		
Mrs K Mimmagh	KM	06-Jan-17					
Mrs L Moore				FAW Dec 2017			
Mr O Morris	JOM	06-Jan-17					
Mr S Nathan		06-Jan-17					
Mr J Neville	JN	06-Jan-17					
Miss N Noble	NN	27-Nov-18					
Mr J Odling	JFO	06-Jan-17					
Mrs J Owen	JCO	06-Jan-17					
Mr S Paraskos	SP	06-Jan-17					
Mr T Passmore	TNP	06-Jan-17					
Mrs J Peattie	JLP	06-Jan-17					
Mrs J Perkins	JEP	06-Jan-17					
Mrs A Polise		06-Jan-17					
Mrs C Reilly	CFR	06-Jan-17					
Ms C Reyner	CHR	06-Jan-17					
Mr M Richards	MR	06-Jan-17					
Mr T Rigby	TFR	06-Jan-17					
Mr D Roland	DER	23-May-16			May-16		

Full Name	Initials	EM 1st Aid AW	2 Day	3 Day	RLSS 1	NWS 2	Expedition
Mrs E Rommer				FAW Nov 2018			
Mrs A Samuel	AES	06-Jan-17					
Mr J Sarpong	JOS	06-Jan-17					
Mr D Saul	DS		Outdoor Nov 16	FAW Oct 2018	Jun-15		
Mrs T Scorer	TKS			FAW June 2017			
Mr D Schofield	DAS	06-Jan-17					
Mr C Schurch	CMS			FAW Nov 2018			
Mr O Semar		06-Jan-17					
Mrs V Short	VS	06-Jan-17					
Mr M Sims	MKS	14-Jan-16					
Miss H Slater	HSS	06-Jan-17		FAW Feb 18			
Mr J Slater	JDS	06-Jan-17					
Mr P Smith	PS	06-Jan-17					
Ms V Smith	VMS	06-Jan-17					
Mr N Stebbings	NJS	06-Jan-17					
Mr P Studt	PST			FAW June 2017			
Mr M Sutton-Edwards		06-Jan-17					
Ms K Swan				FAW Nov 2018			
Mr J Talman	JT	06-Jan-17					
Mr P Taylor				FAW Dec 2017			
Ms L Teunissen	LAT	06-Jan-17					
Mr M Thornton	MTT	06-Jan-17					
Mr P Thomas	PDT	06-Jan-17					
Mrs R Travena	RRT	06-Jan-17					
Mr R Trivedi	RRT	06-Jan-17					
Mr P Turner	PGT	15-Jun-17					
Mr N Uzhvak		01-Jun-16					
Mr M Yates	MGY	06-Jan-17					
Ms M Watson-Evans	MWA	06-Jan-17					
Mr D Whitby				FAW June 2017			
Mrs A White	AJW	06-Jan-17					
Mrs K White	KNW	27-Nov-18					
Mr A Wilkinson	SAW	15-Jun-17					
Miss K Willett	KEW	06-Oct-16					
Mrs K Williams	KAW	06-Jan-17					
Miss D Woodward	DCW	06-Jan-17					
Mr R Worrallo	RDW	06-Jan-17					
Mrs S Yoxon	SCY	06-Jan-17					
Mrs H Ziegler	HAZ			FAW Dec 2017			
Mrs H Zhang	YHZ	06-Jan-17					

Emergency FAW: 138

2 Day outdoor: 9

3 Day FAW: 30

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
Greenhouse	19
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

- 2 x medium sterile dressing
- 2 x large sterile dressing
- 2 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
- 2 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

All First-Aid trained staff have had additional training for dealing with 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.
- All unstable asthmatics should have an individual Care Plan. Form Tutors should refer to this and be familiar with any boys in their form who require additional medical needs.
- 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);
- hayfever; 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. Up to 10 puffs of Ventolin can be given.

If you are not on the main school site: encourage the pupil to breathe slowly and deeply and have two puffs of their Ventolin inhaler. If, after two minutes, the pupil is not improving, 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. Up to 10 puffs of Ventolin can be given. .

Epilepsy

Epileptic seizures are caused when there is a sudden burst of intense electrical activity in the brain. There are two types:

Focal seizures: the person may not be aware of their surroundings or what they are doing. They may behave unusual e.g. make unusual noises, pluck at their clothes or wander around.

Treatment:

- . Protect them from injury e.g. guide them from dangers such as roads or water.
- . Remain with them until recovery is complete
- . After the seizure, reassure the person
- . Explain anything they may have missed.
- DO NOT restrain them
- DO NOT attempt to bring them around
- DO NOT assume they are aware of what is or has happened.

Tonic-clonic seizures: the person goes stiff, loses consciousness, falls to the floor and begins to convulse.

Treatment:

- Stay with the person
- Time the seizure
- Protect from injury
- Loosen anything tight around the neck.
- **DO NOT** restrain the person
- **DO NOT** put anything in their mouth
- Once the seizure subsides place the person in the recovery position
- After the seizure, reassure the person.

Contact the emergency services if:

- It is their first seizure
- The seizure lasts longer than minutes
- The seizures are repeated (Status Epilepticus)
- They have seriously injured themselves in the course of the seizure.
- If a parent is unable to accompany a pupil to hospital, a member of staff should go with them and stay until a parent is available.

Diabetes:-

Hypoglycaemia (too little glucose in the blood) and Hyperglycaemia (too much glucose in the blood).

Signs & Symptoms	HYPERglycaemia	HYPOglycaemia
Amount of insulin	Not enough	Too much
Deterioration	Gradual	Very Quick
Hunger	Absent	Present
Thirst	Present	Absent
Breath odour	Fruity/sweet	Normal
Pulse	Rapid and weak	Rapid and strong
Breathing	Rapid	Normal
Skin	Dry and warm	Pale, cold and sweaty.
Consciousness	Drowsy	Rapid loss of consciousness

Action:

- Anybody showing symptoms of Hyperglycaemia or Hypoglycaemia should be accompanied to the Medical Room
- Treatment of Hypoglycaemia in a pupil should be carried out according to the individual Care Plan, e.g. offer a sugary drink or sweet food.
- If a pupil is semi-conscious or unconscious, convulsing or unable to take anything by mouth, place in the recovery position, nil by mouth, call the School Nurse and dial 999.
- Treatment of Hyperglycaemia in a pupil should be carried out according to the individual Care Plan. The pupil will be aware of this and explain what needs to happen.

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 is as per the individual child's Care Plan.

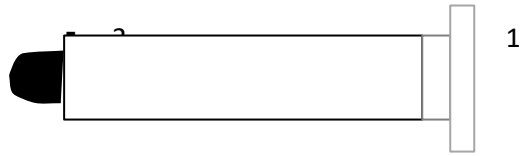
Management in School

- 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 (adrenalin auto injector) 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

- Take the child to the Medical Room or call the School Nurse or First Aider as soon as possible.
- Treatment is according to the child's individual care plan.
- 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

Instructions for the use of the adrenalin auto injector device



- Remove the safety cap.
- Place the opposite end on casualty's upper outer thigh holding it at right angles to the leg (it is not necessary to remove clothing).
- Press adrenalin auto injector firmly against the thigh; a "click" will be heard as the injector-mechanism fires.
- Keep the adrenalin auto injector at right angles to the leg and remove by pulling away from the leg. Massage the injection area for ten seconds.
- If after 5 – 15 minutes there is no improvement, give a second adrenalin auto injector.
- Put the used adrenalin auto injectors in a safe place. You will need to show them to the Ambulance crew.
- Call 999 for an ambulance if you have not already done so.
- Stay with the casualty, reassure and observe.
- Ask someone to contact parents.

Appendix 5 Incident Report Form

Circulation: 1. School Nurse 2. Head of Dept./Head of Year/Line Manager 3. Facilities Manager 4. School Bursar 5. Headmaster 6. Bursary		Form No.:			
Form generated by: Name: Position:		Form Issue Date:			
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"/>	
Parent informed <input type="checkbox"/>		Detained for hours		Head Injury Leaflet discussed with pupil <input type="checkbox"/>	
				Head Injury Leaflet discussed with parent <input type="checkbox"/>	

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