

FIRST AID POLICY AND PROCEDURES

School Tier: College

Related Policies: Health Care Centre Policy

Policy Aims

1. The Board of Woodard Schools (Nottinghamshire) Limited recognises that it has a duty to provide appropriate First Aid facilities, equipment and training, both as an employer under normal Health and Safety regulations and as a provider of education for pupils.
2. In addition to statutory or other requirements, the Board recognises that it has a responsibility to endeavour to ensure the safety of pupils at all times, especially bearing in mind the obligation to act in loco parentis for boarding pupils and to provide adequately for visitors on the premises.

The policy applies to all staff, pupils, contractors, and visitors. It covers incidents on and off-site, and it aims to meet legal requirements under HSE, RIDDOR, and DfE guidance.

Provision Of Trained/Qualified Staff

3. The Health and Safety Executive (HSE) specifies that an employer should provide a minimum of one First Aider per 50 employees. The Education Service Advisory Committee recommends that there should be one First Aider for every 150 pupils and that a higher level of provision may be required in hazardous areas such as laboratories and workshops. It is, therefore, appropriate for the College to maintain a minimum of three First Aiders qualified to 'First Aid at Work' level. The principal First Aiders trained to this level will be the School nurses and one member of the non-teaching staff. Outside term time there is fewer than 50 staff on the site so the cover will be provided by the member of the non-teaching staff.
4. It is recognised that the size and scope of College facilities and activities make it difficult for the 'First Aid at Work' qualified staff to provide adequate cover. It is, therefore, appropriate for a number of other staff (teaching and non-teaching) to be trained up to 'Basic First Aid' level. Details of those who are qualified to this level are maintained by the HCC staff and the H&S Manager.

Training Programme

Training Database is held by the hcc staff and the H&S Manager. Certificates are held by the individual and a copy is sent to HR by the HCC Staff. Renewal reminders are managed by the HCC Staff. Ranby's training Database is managed by D.Thorpe.

5. **Basic First Aid**

The College will endeavour to conduct a rolling programme of First Aid training in a three-yearly cycle (taking into account that First Aid certificates need to be renewed every three years): Basic First aid training (6 hours in duration) is undertaken annually across the site accommodating new staff and those whose qualification is due to expire.

“Basic life support refresher” or “emergency first aid refresher” is offered yearly for all staff to keep awareness up-to-date, usually done during the September Inset period.

6. **Level 3 - First Aid at Work**

The aim is to have all nurses and two other staff members qualified to this level.

Facilities And Equipment

7. **Health Care Centre**

During term time the Health Care Centre is staffed by a fully qualified nurse continually from Monday to Friday 8.30 until 4.30 and Saturdays for match cover then the nurse is on-call until Monday at 8.00am. There is a designated nurse on call every night during term time.

8. An Automated External Defibrillator (AED) is located in the Ante Hall situated on the wall to the side of the School's Reception Office.

There are two Automated External Defibrillators out-door in heated cabinets, one outside the Healthcare Centre and one on the outside wall of the Sports Hall.

The AED is for use in an Emergency Situation when a casualty has been found to be unconscious and not breathing. AED check logs are completed monthly by HCC Staff. First aid Boxes are checked and replenished by HCC Staff at the start of the school year if any stock is used then the member of staff responsible at the time of the incident knows to inform the hcc of the stock that needs to be replenished. Sports medibags are checked and replenished at the start of each term. The team coach is responsible to ensure the hcc are aware of what stock is needed to be replaced

9. **First Aid Boxes**

The Health Care Centre supplies First Aid boxes and contents to all departments. In view of the central role played by the HCC and its staff, and the ease of access to the department, staff are asked to have the HCC and HCC staff contact details in their phone. First Aid boxes are appropriate to departmental needs and not necessarily in the amounts recommended by the HSE. **The contents of First Aid boxes should be used solely for the purpose of ensuring that the patient is protected, prior to receiving assessment and appropriate treatment from qualified staff and, if appropriate, the emergency services and/or the school doctor.**

All staff supervising matches/games are to ensure they have immediate access to a mobile phone.

It is the responsibility of the sports staff to ensure that the First Aid bags are used for First Aid purposes only, that they contain only First Aid items and are kept clean. They are responsible for ensuring that any stock used is replaced as soon as possible by emailing the HCC staff.

All first aid kits/ sports bags have provisions to minimise the risk of cross infection. It is essential that where there is the possibility of exposure to spillage of body fluids all those managing the situation should wear plastic gloves and use a bio-hazard spillage kit where necessary.

All clinical waste should be sent to the Health Care Centre for disposal.

Locations

- 10 A list of the locations of First Aid boxes across both sites is listed at Appendix B.

- 11 Procedures Off-Site:
Staff supervising Off site activities should ensure they have a mobile phone and have the contact details for the HCC staff as well as having a first aid kit with them. Any incidents should be reported to the HCC ideally in writing

Specialist Requirements

- 12 Heads of Departments are responsible for notifying the Health Care Centre of any special First Aid requirements that they may need for their particular department.

Procedures

- 13 Should an accident or injury occur, members of staff should conduct appropriate emergency First Aid depending on the injury or condition of the casualty, and their own training, qualifications and experience. Should assistance be required, the member of staff involved should send someone else to get help and stay with the casualty at least until that help arrives. If the casualty's condition does not improve / deteriorates or the injury is such that it is obvious further intervention is required then an ambulance should be called. The Health Care Centre has produced guidelines regarding sports injuries and these are appended. All teachers involved in sporting activities should ensure that they are fully conversant with these guidelines.

Reporting

- 14 Any accident which results in an injury must be reported to the hcc and recorded following HSE Guidelines as soon as possible ideally within 24 hours. In addition, any accident which may have resulted in an injury or might do so if repeated in the future should also be reported and recorded. All such accidents should be recorded in the appropriate HSE Accident Book. During term time, accidents must be reported to the Health Care Centre. Outside term time, accidents must be reported to the H&S Manager. Serious accidents, as defined by the HSE, must be reported on the appropriate RIDDOR forms. This is following guidelines from Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, and note that online reporting to the HSE is now required. In term time, these will be completed by the H&S Manager or the Operations Manager. Procedures for this are contained in each accident book. Any notification to the HSE should not normally be made without prior sight by the Deputy Head. If this is not possible such reporting must be advised to them at the earliest opportunity. It is imperative that the parents / guardians of any pupil involved in an accident are informed at the earliest opportunity either by the school nurse or the pupils housemaster/mistress. It is imperative that any injuries that raise safeguarding concerns must also be referred to the Designated Safeguarding Lead (DSL).

Any injuries that raise safeguarding concerns must also be referred to the Designated Safeguarding Lead (DSL).

RIDDOR Reference: *current Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, and online reporting to the HSE is now required.*

Pupils With Special Circumstances

- 15 At the beginning of each school year, and as new students arrive in year, the Health Care Centre informs teaching staff of any pupils who may need extra vigilance, especially during sporting activities, due to medical conditions, i.e. asthma, diabetes, joint problems. Information is recorded on the ISams system and in individual pupil files in the Health Care Centre. Relevant protocols are attached as appendices.

16 Storing Medicines

All medication is kept in securely locked cupboards as stipulated by medical protocols. The College Nurses are the sole key-holders.

Over-the-counter medications are kept as stock items.

Other medication may be prescribed by the College Doctors on an individual basis and will only be given to the pupil for whom it is intended.

References:

First Aid in Schools, Early Years and Further Education Settings' (DfE, 2014, updated 2022).

Appendices to First Aid Policy & Procedures:

Appendix A: Homely Remedies Protocol

Appendix B: Self-Medication Protocol

Appendix C: Self-Medication Assessment Form

Appendix D: EpiPen Protocol

Appendix E: Asthma Protocol

Appendix F: Epilepsy Protocol

Appendix G: AED protocol

Appendix A: Homely Remedies Protocol

It is recognised that boarding staff may prefer that all medication be administered by staff at the Health Care Centre. However, boarding staff may be assessed by the nursing professionals in the Health Care Centre as appropriate to administer Over the Counter Medicines (OMC) and should ensure that the following protocol is observed:

- 1) Member of staff checks the reason why medication is being requested and attempts to contact the Health Care Centre for advice.
- 2) Member of staff determines whether the pupil has taken the medication before or whether the pupil has shown allergy to that or similar medication in the past.
- 3) Member of staff determines whether the pupil has taken any medication in the past 24 hours.
- 4) Member of staff checks the advised dose for the age of the pupil
- 5) Staff administer the dose and record in the duty log the following information:

name of pupil, reason for medication, time and dosage of medication

- 6) Inform Health Care Centre of information at points 1 and 5.

Boarding Staff May Administer the Following OCM:

With regards to Medication Names and Doses, these are checked against latest NHS Guidance: We ensure Paracetamol and Cough Linctus dosage recommendations reflect the current MHRA/NICE guidance.

Paracetamol Tablets

When to Use

Paracetamol is used for mild to moderate pain inc. headache, migraine, post sport aches and pains, toothache, Sore throats, period pains, as well as helping to lower temperatures it is also useful in easing the symptoms of colds and flu

Contraindications

DO NOT take / give if the pupil is allergic to any ingredients in the medication

Or if they have any liver /kidney problems

Or if they are alcohol dependant

Or If the pupil is taking anticoagulants (blood thinning medication) or anti emetics (to stop vomiting)

IF YOU ARE UNSURE PLEASE CONTACT THE HEALTH CARE CENTRE

Dosage

Children under 12years follow guidance from either a GP or follow generic advice as per container dosage guidance

Children under 12- 15 years of age

1 -1.5 tablets (500mg- 750mg) or the equivalent in oral suspension

Children over 15yrs and Adults

1-2 tablets 500mg-1g) up to 4times a day

The dose should not be repeated more frequently than every 4 hours

NO more than 4 doses should be given in any 24 hour period.

If recommended dose exceeded refer pupil to the HCC or a medical professional immediately – even if they feel well because of the risk of delayed serious liver damage.

Side Effects

Occasionally a rash may appear and other allergy type symptoms e.g. Itching.

Very occasionally changes in the blood can occur resulting in bruising and bleeding gums as well as an increase in the number of infections experienced.

Storage of Medication

Keep in a locked cupboard/drawer, away from extremes of temperatures and any moisture.

Store in original packaging

Administer in line with the Schools Administration of Medicines in House Policy

If medication has expired please return to the HCC for disposal.

Appendix B: Self-Medication Protocol

Pupils may only have medication in their possession with the permission of the Health Care Centre Staff and with the agreement of the house Master/ Mistress. As a general rule, the Housemaster/mistress and parents will be included in the decision making process regarding self-medication unless this contravenes confidentiality.

A pupil's ability to self-medicate is assessed on their age and their competency. The Health Care Centre staff must assess each case individually and check that the pupil is able to understand in broad terms the nature and purpose of the treatment and to be able to weigh the risks and benefits involved and any alternatives.

The member of staff must be satisfied that the pupil has retained the treatment information, although the degree of understanding will vary with the nature of the treatment: in line with the Fraser guidelines.

The pupil must sign a self-medication form at the commencement of treatment, agreeing to store and to administer the medication appropriately.

Self-medication forms will be kept at the Health Care Centre and will be reviewed regularly, but no less than once per year.

Pupils will be made aware that failure to comply with the self-medication protocol may result in permission to self-medicate being withdrawn.

Appendix C: Self-Medication Assessment Form

Pupils may only have medication in their possession with the permission of the Health Care Centre staff and the agreement of the Housemaster/mistress (although there will be exceptions to this when confidentiality must be respected).

Name of pupil: _____

Medication: _____

I have had the nature and purpose of the treatment explained to me and I have been able to weigh up the risks and benefits involved and discussed the alternatives.

I understand that the medication is meant for my use only and I will not give it to any other person.

I understand that I must administer my medication as agreed with the Health Care professional.

I agree to keep the medication in a locked area to which no other pupils have access.

Signature of pupil: _____

The above named pupil has been assessed in regard to self-medication.

Signature of Health Care Centre Staff: _____

Date: _____

Review dates:				
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Appendix D: EpiPen Protocol

EPIPEN PROTOCOL

EpiPen updates are done at least annually within school usually during September Inset. Ensure all Staff are aware of the Pupils who may need to use an EpiPen (information can be found in Medical Conditions in ISAMS) and in the SCR and the School Catering department

An EpiPen is a pre-loaded syringe with a measured dose of Adrenaline. The injection Mechanism is automatic. Adrenaline works directly on the Cardiovascular and respiratory systems counteracting the potentially fatal effects of anaphylaxis by rapidly constricting the blood vessels and relaxing muscles thus aiding breathing, reversing swelling and stimulating the heart.

The EpiPens are stored at the Health Care Centre in an identified cupboard (in accordance with storage of medication legislation). Each Pupil's prescribed epiPen is stored in a named box. There is also an epiPen kept in the appropriate boarding house. Pupils are encouraged to carry an epiPen, anti-histamine medication and an inhaler if required at all times.

If a person experiences some or all of the following symptoms

Changes in how their mouth/throat/lips feel
Tight chest producing wheezy breath sounds +/- or a cough
Facial swelling particularly around the eyes and throat/mouth
Abdominal swelling, a bloated feeling
Vomiting, the body's own defence mechanism

There is no specific pattern of presentation. If the reaction is severe the pupil may collapse before any symptoms are experienced or before the individual can administer their own medication

Common Triggers for a Severe Allergic Reaction are

Nuts/ Nut Oils, Wasp/Bee Stings, Sesame seeds/oil, Eggs, Horses, Pets. This small list is by no means conclusive.

Treatment Guidelines

At the onset of an anaphylactic reaction the pupil if able should

Take their OWN oral Anti Histamine medication
Pupils at Risk should be carrying their own medication

Contact the School Health Care Centre Staff IMMEDIATELY

Following a reaction the pupil should be closely monitored for changes

Encourage the pupil to lie down (if not having difficulty breathing) or sit if breathing is affected.

If no obvious improvement is seen OR if the pupil deteriorates the pupil's OWN EpiPen should be administered following the correct administration of Epi pen guidelines, either by the pupil (if condition allows) or by the responsible adult.

Ring 999 immediately.

Inform Parents/Guardians asap.

How to use an Epi pen:

Ensure the pupil is sitting or lying down.

Remove from packaging

Check the viewing window to ensure liquid is clear.

Hold the 'pen' in your dominant hand (hand clasped around the pen).

Hold the 'pen' with orange tip pointing towards outer thigh at a distance of approx. 10cm. Aim for an area just above a trouser seam line.

BLUE to the SKY – ORANGE to the thigh.

Jab the 'pen' in the outer thigh at an angle of 90 degrees.

Hold the 'pen' in place for 10 seconds

Remove the 'pen' and massage injection site for a further 10 seconds.

Ring 999 if not already done.

Keep the used 'pen' and give to paramedic on arrival

There is no need to remove clothing unless the pupil is wearing thick trousers (i.e. heavy denim)

Appendix E: Asthma Protocol

Asthma Protocol

Asthma is a common condition; it affects a person's airways and makes inhalation of air difficult and sometimes noisy. This is because the airways become inflamed and swell making it difficult for gaseous exchange to occur.

An asthma attack can be triggered by many things e.g. exercise, pollens, dust, spores, pet hairs, aerosols, emotional situations.

If a person reports that they are having an asthma attack or they present with some or all of the following symptoms....

Tight Chest, Shortness of breath, Wheezing, Difficulty in Breathing (usually inhaling is more difficult)
FOLLOW the GUIDELINES BELOW:

- . **Sit them down ensure they are upright and have some support, it may help if they have their knees bent**
- . **Talk calmly reassure them, get them to keep their breathing slow and deep**
- . **Ask if they have their inhaler(s) with them? Have they used it?**
- . **Ring the College Health Care Centre 01909 537138**
- . **If their condition deteriorates then ring 999**

Yearly asthma health checks are carried out by the School Nurses on all Boarding pupils who have asthma. The findings are relayed to the School's G.P. Surgery as a matter of course.

Pupils with Asthma will be identified on iSAMS by either the HSM or HCC staff.

Salbutamol Inhalers in School for Emergency Use Only

From October 2014 the Human Medicines (Amendment 2) regulations will allow schools to keep a Salbutamol Inhaler for use in Emergencies.

The Inhaler can be used if the pupil's prescribed inhaler is not available.

The Inhaler will be stored at the HCC in accordance with the storage of medication regulations. One can also be found in the Emergency Epipen bag stored with the defibrillator.

The Inhaler will only be administered to children who already use a prescribed "reliever" inhaler (Information re diagnosed Asthmatic Pupils is readily available on ISAMS) and for whom parental consent has been obtained.

A pupil who is deemed to be competent to understand the need for consent to treatment may give consent for themselves.

Parental consent for the use of the Emergency Inhaler will be obtained by the HCC staff. Consent for new pupils to the College from September 2015 will be obtained on the Health Record documentation.

Staff training /awareness will be available for anyone who requests it.

A record of treatment given will be kept by the HCC Staff and will include the type of inhaler used, the batch number and expiry date, the dosage and the amount given as well as the time of administration.

Parents/Guardians will be informed of any emergency treatment given as soon as possible by the HCC Staff.

Appendix F: Epilepsy Protocol

Epilepsy Protocol

Epilepsy is a condition that affects very few pupils and needs to be managed on an individual basis. The pupil with Epilepsy will display an individual pattern of behaviour due to the type of epilepsy and their individual response. Pupils with epilepsy are identified on the ISams system.

MINOR EPILEPSY or Absence Seizures

These pupils usually have moments where they are unaware of anything it is like a blank moment and can sometimes be mistaken for the pupil day dreaming.

Staff need to be aware of the individual's normal response and be alert to changes.

Measures should be in place to ensure the pupil is safe i.e. seating plans: do not sit the pupil on the end of the table in case they fall.

Any changes in the pupil's behaviour are monitored and reported to the HCC Staff and the Housemaster/mistress or tutor on duty to enable early communication with parents/ guardians.

The HCC Staff should endeavour to communicate with parents / guardians to get information re the pupil's everyday pattern of behaviour, of the medication regime and to agree a care plan.

Major Or Generalised Tonic- Clonic Seizures

The pupils who experience this type of epilepsy need careful monitoring due to the risk of injury should they have a seizure (reactions can vary from twitching to full body thrashing from which injury can occur).

Communication with Parents/ Guardians should take place as the pupil starts at the College to ensure all staff know how the pupil usually reacts and they know what to do in the event of a seizure.

Any appropriate medication can be stored safely at the HCC in accordance to the storage of medicines regulations

The HCC Staff will provide training and information to any staff who need it.

Other Considerations are as above.

Appendix G: AED Protocol

AED (Automated External Defibrillator) Protocol

The Automated External Defibrillator (AED) is located in the Ante Hall situated on the wall to the side of the School's Reception Office.

Two further AED's are located outside the Healthcare Centre and Sports Hall.

The AED is for use in an Emergency Situation when a casualty has been found to be unconscious and not breathing.

The AED is NOT a substitute for Cardio Pulmonary Resuscitation (CPR). It is to be used in conjunction with CPR to improve the casualty's chances of survival. Following the Guidelines set by the European Resuscitation Council

The AED is checked daily by the HCC Staff to ensure the battery is live and the extra equipment bag is attached. The monthly check includes a voice activation test and a check of all the equipment's expiry dates.

The AED can be used by any member of the School community as the voice prompts are concise and easy to follow.

If a situation arises where the AED needs to be used then the Emergency Services need to be told that there is an AED Device on the premises when they are called for assistance.

A Training / Familiarisation rolling programme with the AED will be offered across the College.