



# The King's School, Worcester

## First Aid Policy

### Senior School Policy

#### Rationale

In accordance with the Health & Safety at Work Act 1974 and the Management of Health & Safety at Work Regulations 1992 and 1999, the School Governors & staff take responsibility, through a Duty of Care, for the health, safety & well-being of pupils, staff & visitors with the utmost importance. The School undertakes to ensure that there are adequate and appropriate equipment, facilities and procedures to provide appropriate First Aid; and that First Aid arrangements are based on a risk assessment of the school

The school will provide appropriate first aid cover at all times when the school is in operation.

#### Success criteria

To safeguard all personnel in school including visitors, from death or injury in the event of an incident or health problem.

The effective outcome of Safety Incident Reports.

#### Objectives

- To provide prompt, appropriate first aid attention:-
  - During normal school operation (e.g. sports injuries, accidents in school)
  - From inherent & serious medical conditions (e.g. asthma, allergies etc.)
- On school visits off-site.
- To provide first aid attention from the school nurses or staff holding a recognised First Aid qualification.
- To ensure an adequate number of first aid staff within the school and provide update/refresher training as required.
- To provide sufficient and appropriate first aid resources.
- To keep records of accidents and follow requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).

## **Implementation**

### **Procedures**

The Second Deputy works with the School Nurse and the Bursar and monitors the number of trained first aiders, alerts them to the need for refresher courses and organises their training sessions.

The School Nurse will monitor the contents of first aid boxes with each department first aider, termly.

The school will ensure that all staff are aware of the first aid arrangements in school. All new staff receive AAI training (Adrenaline Auto Injector (eg, EpiPen)) as part of their induction.

First aid notices to be displayed in the Common Room and key areas in school. A list of first aiders and the location of first aid boxes is posted in the Common Room and is also kept with the school office.

### **Qualification Level**

1. PE staff: full course
2. All staff in charge of a sports' team have at least Sports First Aid qualification
3. Nursing staff: RGN, First Aid and Mental Health first Aid
4. Staff leading adventurous activities, Duke of Edinburgh Scheme: recognised qualification
5. Key support staff, including catering, technicians and maintenance undertake first aid training
6. All staff have the opportunity to undertake the basic emergency first aid training and defibrillator training if they wish.

A log of certificates under each category is kept and the Second Deputy, via the SMT secretary, will send out renewal notices to staff, ensuring that staffing levels in each category meet with the school requirements. The booking form for trips will identify the staff first aider in attendance.

### **First aid materials, equipment and facilities**

First Aid kits are provided in various locations around the school, including:

- Bursary
- Dining Hall and kitchen
- Science areas
- Gym & sport areas, including swimming pool and fields
- Maintenance Dept.
- Music rooms

Staff taking pupils off-site from school must take a first aid container from the health centre. The P.E. department have their own kits. The Old Chapel has a first aid kit and a direct telephone line should a member of staff need to call an ambulance.

The school follows the HSE recommendations for stocking first aid containers.

### **Responsibility for checking/restocking first aid containers**

The Department Head is responsible for ensuring that their first aid box, where there is one, is accessible and has all its contents as indicated on the list enclosed in the first aid box. (It should contain nothing else).

Any items used must be requested from the health centre and re-stocked promptly. The Health Centre will check & restock the first aid boxes each term.

### **Medical - Specific medical needs & school visits**

**The school nurse takes charge in a first aid emergency on site during term time** and will take responsibility for the pupil's medical needs. If, for whatever reason, she is unavailable, a member of staff with full first aid qualifications will take charge.

Pupils with on-going medical conditions requiring medication (e.g. severe allergies and prescribed with AAls, asthma requiring the use of inhalers) are responsible for ensuring they carry the appropriate medication with them at all times, around the school and on school visits. Individual care treatment plans are provided for particular pupils by the school nurse with the first aid kit on school visits.

Pupils with potentially life threatening conditions e.g. serious allergies or other medical problems will have a suitably trained member of staff (able to administer the individual's emergency medication if required) accompany them on school visits.

When necessary spare emergency medication may be taken on school visits, under the direction of the school nurse. Staff must follow the school medication policy and protocols for any medication administered.

Parents are required to provide medical details directly to the health centre and to notify of any changes promptly. A list of relevant medical needs for pupils is stored on SIMS, accessible only to academic and pastoral staff. A copy of the appropriate year group list can be supplied by the Health Centre for school visits.

### **School Visits**

During **ALL** school visits a first aider accompanies the trip and is responsible for first aid provision.

The first aider is responsible for ensuring pupils have their emergency medication with them (asthma inhaler, AAls etc.) and a first aid container and emergency parental contact/consent forms are taken on the visit.

### **Reporting To Parents**

In the event of an emergency, serious or significant incident, procedures are in place for contacting the parent/guardian/named contact as soon as possible.

At school this would be the school nurse or member of the Senior Management Team.

On school visits this would be the trip leader or member of the SMT.

## **Outside Term Time/Outside School Hours**

In the event that there is no first aider present a first aid box is kept in the kitchen of Hostel House and in the school office.

## **Monitoring**

All accidents, near misses and significant incidents are reportable to the Health and Safety Adviser. These will be monitored and any action required to prevent further incidents will be implemented. Staff responsible for reporting complete an accident form which is logged at the Health Centre. With regards to P.E., Games lessons and fixtures, any injury sufficiently debilitating to mean that the pupil must stop playing and/or attend A&E will be reported to the Health Centre as soon as possible. A record will be kept at the Health Centre. A RIDDOR form is completed in the event of any member of the school attending A&E.

The school will keep a record of any reportable injury, disease, or dangerous occurrence. Accidents resulting in death or major injury (including as a result of physical violence) or accidents which prevent the injured person from doing their normal work for more than seven days will be reported to the HSE.

All accident forms are audited by the school's Health & Safety Adviser weekly (as they happen). Any significant incidents are considered by the Health & Safety committee and reported to Governors.

## **Evaluation**

The Bursar will evaluate the First Aid provision with the Health & Safety Adviser and the School Nurse. The Health Centre is responsible for first aid boxes. Staffs are expected to use their best endeavours at all times, particularly in an emergency to secure the welfare of pupils.

## **Review**

This policy will be reviewed annually or at more frequent intervals if there are relevant legislative changes.

## ***Appendix 1 to the Senior School Policy: Hygiene Procedures for the Dealing with the Spillage of Body Fluids***

### **Spillages**

Spillage kits are available from the health centre, school office or the cleaning supervisor. These should be dealt with immediately.

**A list of first aiders is held with the Senior School Nurse and the St Alban's School Secretary and is displayed in key locations in the school.**



### **First Aid Policy Annexe for King's St Alban's**

King's St. Alban's follows the aims, objectives and procedures set out in Foundation Policy above. This appendix covers objectives and procedures peculiar to King's St. Alban's. This policy should be read in conjunction with the Medical Policy.

### **Members of staff and First Aid**

Sufficient staff are qualified in paediatric first aid to fulfil legal requirements for the Pre-Prep. If in doubt over any matter, a member of staff will seek a second opinion from another suitably qualified and experienced colleague.

In all Nursery, Pre Prep and Junior cases, reference is made to the Health Centre when necessary.

### **First Aid Kits**

First aid kits are checked on a regular basis by matrons and restocked when necessary.

First aid kits used for games lessons and educational visits are assembled by a Matron. Inhalers, medicines and all necessary data are included. These kits are checked by a Matron on their return to the sick bay.

### **Vomit, Faecal Matter and Blood**

A spillage kit may be used when the circumstances dictate this to be the most appropriate course of action. A body fluids clean up kit is available in all classrooms including the Nursery.

### **Asthma and Allergy Control (inhalers and epipens)**

All pupils known to be asthmatic are listed in the School Office and the vestry (sick room). Named inhalers for all asthmatic pupils in the Junior School are kept in the vestry; in Pre Prep inhalers are kept with the Form Tutor. Two epipens for each child are held in the vestry by matron - Junior School children take both epipens to lunch with them each day and on any trip. In the Pre Prep, epipens will be kept by the Form Tutor for easy access.



## **King's Hawford First Aid and Emergencies Policy**

### **Appendices attached for Covid-19 procedure**

#### **Introduction**

Matron's room is situated in the entrance hall of the main school house.

#### **First Aid**

Matron is the designated co-ordinator of first aid and holds a current first aid certificate.

The majority of staff hold a first aid certificate. The majority of staff hold a first aid/lifesavers certificate which includes defibrillator training relevant to their role in the school. We also have a number of defibrillator trained staff.

12 hr Paediatric First Aid – 27 staff.

16 hr Outward Bound First Aid - 1 staff.

Appointed Persons First Aid – 27 staff.

Paediatric Lifesavers National Rescue Award – 10 staff.

Defibrillator Training – 54 staff.

Up to date list kept with Office staff and Matron.

#### **First aid kits are located in:-**

- Kindergarten
- School office
- Swimming pool (conservatory)
- The Cobb/dance room
- Science Laboratory
- CDT/Art room
- Staff Room
- Reception Cloakroom
- Minibus x2
- Workshop
- Kitchen (also has large burn dressings to be kept with Water Urn in case of hot water spillage)
- Matron's room
- Games/travel kits x2 kept in Matron's room
- Music Room

- Bartholomew Barn - Kitchen (burns kit + first aid kit) and Sports office (first aid kit).
- Upper Forest School – 2 first aid kits with leaders. Burns kit kept in shed in Upper Forest School.
- Katakanoes (in the shed).
- Conservatory (for the pool).

First aid kits are checked termly by Matron - should anything be removed in between it must be replaced immediately via Matron.

First Aid training is provided to staff as part of inset with extra EpiPen training being provided by King's Hawford Matrons.

All teaching staff should make themselves aware of pupils with specific medical problems (asthma, epilepsy, diabetes, serious allergies etc).

A confidential list of all medical problems of which parents have made us aware is kept up to date by Matron throughout the year.

In line with current Government guidelines in relation to Covid-19 all children and staff are encouraged to regularly wash their hands with soap and water for 20 seconds and/or regularly use alcohol hand sanitiser throughout the school day.

### **Defibrillator**

We have a defibrillator in school, which is located opposite the entrance to the swimming pool and linked to the Ambulance Service. The code to gain access is C789XZ. Currently 54 members of staff are trained in its use.

### **Accidents and Illness at School**

Pupils who feel unwell during the course of the day might be removed from the class environment and transferred to Matron to enable close observation and assessment. The pupil will either recover sufficiently to rejoin class, or parents will be contacted and asked to collect the child. If for any reason Matron is absent the child should go to the school office. Please see Appendix 1. for suspected Covid-19 procedure.

### **Accident and Emergency Procedures during School hours**

Accidents, no matter how minor, should be recorded as soon as possible in the Accident folder kept in Matron's room – room locked on keycode – entry code C1504Z. The members of staff present in the event of injury (either on site or away matches/trips) should take responsibility for filling in the Accident book ASAP.

We have two accident books at King's Hawford:-

- A. For minor cuts, bumps and scrapes
- B. Accident book BI 510 – detailed below

Accident Recording Procedures: BI 510 (to be read in conjunction with separate RIDDOR policy in policy documents)

1. BI 510 revised addition May 2003. To comply with Data Protection Act 1998.
2. Books to be used to record accidents to:
  - Employees. Such accidents may or may not result in an employee being absent from work or require any medical treatment beyond site first aid. This should be recorded in BI 510.
  - Pupils. Only accidents resulting in a pupil attending hospital for examination and/or treatment need to be recorded in BI 510. This requirement relates to pupil accidents whilst at School or on any School activity e.g. sports matches or other out of School activities.
3. When the BI 510 accident record has been completed it should be removed from the book. The “injured” person may request a copy. In term time completed form should be sent (ASAP) to Mrs C Furber at the School Sanatorium and in holiday time to the Bursar. They will copy the form to the Health & Safety Advisor. Alternatively this procedure can be carried out electronically via Firefly.

**Catering staff** – extra copy to be sent to Ian Cunningham-Smith, Catering Manager at KSW.

4. Completion of section 4 of the form will be made if appropriate by Mrs Furber, the Bursar or the Health and Safety Advisor.
5. The use of any other editions of BI 510 or other similar books must be discontinued.
6. In the event of a major injury to a visitor to the school a separate report should be made ASAP to the Bursar.

### **Accidents Resulting in Minor Injury**

Pupils who receive minor injuries such as cuts and scrapes will be given attention by Matron or an appointed person (qualified in first aid). The treatment will follow guidelines as laid down for first aid treatment and will typically involve an initial evaluation followed by simple cleaning and covering of the wound.

Upon completion of the accident report, a copy will be sent home to parents – in the case of Kindergarten and Reception children it will be given to parents to sign and acknowledge when they collect their children. The report will need to include all relevant details. Parents will be asked to acknowledge receipt of this report by returning the accident form, duly signed to indicate that they are aware of the accident.

### **Accidents Resulting in Serious Injury**

- In the event of an obvious medical emergency, an ambulance should be called immediately.
- The injured person should not be moved if there is any suspicion that doing so could exacerbate his or her injuries



- The Matron should be called to examine the injured person and give such treatment as is appropriate or possible. In the event of Matron not being available, the nearest first aider should be contacted
- The parent[s] or guardian[s] must be contacted as quickly as possible and asked to join their children at school or hospital as appropriate. Members of staff should not wait for parents to arrive to accompany pupils to hospital unless they are certain that treatment is not urgently required.
- An appropriate member of staff must accompany a pupil to hospital if parents have not arrived in time to do so. The member of staff accompanying a pupil should normally wait at the hospital until the pupil's parent or guardian arrives.
- Staff accompanying a pupil to hospital should not normally be asked to give their consent to medical treatment. In an emergency situation, however, consent should be given on the advice of a senior hospital doctor, provided that reasonable steps have been made to contact the Parent[s] or Guardian[s].

### **Accident and Emergency Procedures outside School Hours**

- The injured person should not be moved if there is any suspicion that doing so could exacerbate his/ her injuries. Prevent further heat loss.
- The member of staff responsible for the activity or an available first aider should examine the injured person and give such treatment as is appropriate to their training.
- If hospital treatment is necessary, an ambulance should be called immediately.
- If it is felt that an ambulance is not necessary and the injuries do not require urgent treatment, the injured person's parent or guardian should be called to transport the injured person to hospital.
- If the family cannot be contacted, the first aider or member of staff should accompany the injured person to hospital. [Staff would be ill advised to use their own transport for this and should only resort to this if no other transport is available.]
- Consideration may need to be given to pupils who would be left unattended if a member of staff transported or accompanied an injured person to hospital; in cases of difficulty, an ambulance should be called.

### **Trips**

In the case of trips and outings where the children concerned are from the Early Years section of the school (Kindergarten and Reception) there must be a fully trained person with a current Paediatric First Aid certificate accompanying the trip. If the group are travelling in separate transport, there should be a person with this certificate on each bus or other form of transport. The full list of those with this certificate is held with the Headmaster and Matron.

## **Basic First Aid Information**

See Appendix 2. for PPE use during suspected Covid-19

### **Disposable Gloves**

Disposable gloves must be worn by any member of staff who has to deal with bleeding or spillage of body fluids, and the gloves disposed of safely afterwards. Gloves can be found in each first aid box.

### **Body Fluids Spillages**

These should be dealt with immediately.

#### **Vomit or faecal matter:**

- i. Wear protective gloves
- ii. Mop up as much of the spillage as possible with absorbent paper towel. This should be placed into a plastic waste sack and disposed of as domestic waste
- iii. Clean the area with a detergent solution and dry. For carpeted areas a proprietary liquid shampoo can be used
- iv. Wash and dry hands after removing protective gloves

#### **Blood spillages**

- i. Wear protective gloves
- ii. Mop up as much of the spillage as possible with absorbent paper towel. This should be placed into a plastic waste sack and disposed of as domestic waste
- iii. The spill can then be disinfected with a one-in-ten bleach solution which should be applied to the area, left on for a few minutes and then mopped off with absorbent paper towel
- iv. Clean the area with a detergent solution and dry. For carpeted areas bleach should be avoided; cleaning with a detergent solution or carpet shampoo should be sufficient.

When disposable gloves are used, these with used paper towels, should be discarded into a plastic waste sack found in the First Aid box. The bag should be securely sealed and placed into the domestic waste bin. Hands must be washed thoroughly after removing gloves and following all cleaning jobs. Stock removed from First Aid Boxes should be replaced by the user via Matron.

### **Head injuries**

All injuries to the head are potentially dangerous and if severe enough can cause impaired consciousness. ALL head injuries should be seen by a qualified First Aider.

#### **Bump on head "Egg on Head"**

These are usually not very serious

Action – cold compress for ten minutes.

Bump letter to be given to child to take home – slip to be returned the next day by parent/guardian.

### **Concussion**

With any bump concussion is always a possibility. Any child with signs of concussion should immediately be taken to hospital. Parents of any child that has been diagnosed with concussion should be advised to seek medical professional advice about when to return to normal sporting activities.

Signs to be aware of:

- i. Blurred vision not disappearing after about 10 minutes
- ii. Headache getting worse or not disappearing after a short time
- iii. Persistent nausea/vomiting
- iv. Disorientation
- v. Seeing stars/ringing in the ears
- vi. Drowsiness

### **Minor cuts and grazes**

Cleanse with an alcohol free steriwipe and apply sterile dressing. (Check for any allergies to plasters) If gravel or dirt is ingrained do not attempt to remove but cover with plasters and refer child to parent with advice to refer to G.P. if parent cannot remove foreign bodies. No creams or lotions to be administered in case of unknown allergies.

### **Major wounds**

If wound is large and bleeding profusely apply direct pressure for 10 minutes either with sterile swab or gloved fingers and contact Matron or appointed person.

### **Eyes**

The eye is very sensitive and even minute objects e.g. dust and grit, can cause pain and distress. The eye can be washed out with sterile water from inside to outside. If the wound is serious apply an eye pad dressing and arrange for transfer to hospital. Do not attempt to remove embedded objects.

### **Nosebleeds**

Pinch bulbous part of the nose together for 10 minutes; if bleeding has not stopped repeat this procedure up to 3 times. If the nose is still bleeding, the child should go to hospital.

## **Burns**

The immediate treatment of all burns is to place the affected area under cold running water for 10 minutes and contact Matron or an appointed person.

## **Sprains and fractures**

If a sprain or fracture is suspected call Matron or an appointed person. Obvious signs are:-

- i. There is evidence of swelling – e.g. if one limb is larger when compared to the other.
- ii. There is bruising (severe enough not to tolerate application of pressure).
- iii. There is unwillingness to move affected part of body after a short while.

## **Asthma**

This is a condition in which the muscles of the air passage go into spasm and constrict, making breathing (particularly out) difficult. Triggers may be allergy or illness such as coughs and colds. Children who have been diagnosed with Asthma complete separate forms to the medical forms; the original copy is kept with the child's Inhaler (usually Salbutamol) and a copy of these forms go into their pupil file. All children who go on residential trips will complete an overnight form which usually gives details of their regular inhalers (such as Becotide). All of the children's inhalers are kept in the Matron's office. If a child starts to suffer with symptoms such as wheezing, coughing and chest tightness they should be brought to Matron's office so that their Salbutamol inhaler can be administered. If it has been highlighted that children have used a Salbutamol inhaler in the past but do not provide the school with an inhaler; written permission will be sought from a parent to administer the emergency inhaler if a child presents with Asthma related symptoms.

A list of children who have Asthma will be kept with the emergency inhaler (those children with a Salbutamol inhaler at school and those where parents' permission has been sought for emergency use in the absence of one).

Children in years 5 and 6 have the option of holding their own salbutamol inhaler with the Parent's consent. Inhalers will continue to be held in Matron's room and sent on trips and fixtures as usual.

Treatment:

Children should be given treatment (Salbutamol) as directed on their Asthma management form.

- One puff at a time through spacer (if provided).
- Keep the child calm and encourage deep breathing.
- Monitor and re-assess and administer more if necessary
- If symptoms persist or get worse then medical advice should be sought (999).

## **Allergies**

An allergy is an adverse reaction, caused by a hypersensitivity to some substance that is not generally recognised to be harmful e.g. nuts. Allergies cause problems in one of three ways:

- Respiratory allergies e.g. asthma or hay fevers

- Intestinal allergies
- Skin allergies e.g. dermatitis or nettle rash.

Anaphylactic shock is the name given to a rare, generalised and dangerous allergic reaction that requires urgent specialised medical attention. All pupils with known, dangerous allergies are listed in Matron's room, school office emergency folder and the Staff Room; emergency drugs (Epipens) are kept in Matron's room. Members of staff should make themselves aware of who they are.

For all away fixtures and trips the Matrons will be responsible for ensuring that all emergency medication (Epipen's and inhalers and any other meds) are packed into the red EMERGENCY KIT bags (this will also include specific medical details of each pupil). It is the accompanying teacher's responsibility to collect the bag and to ensure that all items are returned to the Matron's office at the end of the day.

### **Epilepsy**

If first fit (undiagnosed as epileptic) call an ambulance immediately.

If diagnosed as epileptic, clear area round patient (to avoid injury) and call Matron or appointed person. DO NOT restrain. Contact parent so child can go home to sleep after recovery.

### **Diabetes**

The most likely problem to arise in school is hypoglycaemia (too little sugar)

- Early signs are: Tiredness, feeling shaky, headaches, aggressive behaviour.
- Further signs are: disorientation, apparent drunkenness, clammy, pale, and faint.
- Treatment is to give patients a form of sugar in the first instance this is the recommended food defined on their care plan kept in Matron's office, school office and staffroom.
- If patient is unable to take food, rub jam, sugar solution or hypo stop (if available) onto gums.

### **Hyperventilation**

This is a condition of over breathing and is commonly a manifestation of acute anxiety.

It may accompany hysteria or panic attack.

Treat by: talking to the casualty firmly, but kindly, if possible lead him/ her to a quiet place, transfer to the Matron's office.

### **Reassurance**

Any type of injury frightens children – it is necessary to give reassurance constantly to them.

## **Fainting**

This is a brief loss of consciousness caused by a temporary reduction in blood flow to the brain. Recovery is usually rapid and complete. A faint may be a reaction to pain or fright, emotional upset, lack of food or exhaustion.

Treat by: laying the casualty down, raise and support his/her legs, ensure plenty of fresh air, reassure him/her as they recover and allow to sit up gradually, look for any signs of injury sustained through falling and arrange transfer to the Matrons office.

## **Unconsciousness**

This is an abnormal state resulting from an interruption if the brains normal activity. WHATEVER THE CAUSE, three rules of treatment apply

- Maintain an open airway
- Assess and monitor the level of response
- Treat associated injuries
- Arrange urgent contact with Matron or dial 999.

A yearly confidential list is published of pupils with specific medical problems (e.g. serious allergies, asthma, diabetes, epilepsy) and disabilities for all teaching staff. This is located in the Staff Room, Matron's Office and the School Office.

## **Updated September 2020**

### **Appendix 1**

#### **Covid-19 Procedure:**

Matrons and all members of staff will adhere to the current Risk Assessment in place. Routine as follows:

If a child or member of staff shows signs and symptoms of Covid-19 (Temperature above 37.5 C a new continuous cough or loss of change in normal sense of taste or smell) PPE will be worn by the member of staff with the child and the Matron caring for the child. Parents/Guardians will be contacted immediately and expected to collect their child/siblings as soon as possible. The child/siblings will not be able to return to school until they are tested negative to Covid-19. Once the child/siblings have been collected the Matrons office will be deep cleaned.

### **Appendix 2**

Personal Protective Equipment (PPE) will be available in specially prepared boxes containing:

Face masks, Visor, aprons and gloves in the following locations:

- Kindergarten
- Reception Classroom

- Year 1- (First floor main house)
- Year 2- (Top floor main house)
- Year 3- N1 and N2
- Year 4- Stables and Science lab
- Year 5-Cobb Classroom and Dance Studio
- Year 6-Barn
- Matrons Office
- Office
- H1
- Music room
- IT room (G1)

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V2	September 2020	Miss H Jackson/Mrs C Furber	Bursar/Health Centre Sister

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