



Sponsor	BURSAR/DHO
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Committee	Estates

FIRST AID POLICY

The ISSR states at part 3 paragraph 13 that the standard for first aid is met if it is administered in a timely and competent manner by the drawing up and effective implementation of a written first aid policy. Effective implementation of a policy will require adequate numbers of appropriately trained staff and the provision of proper equipment, for off-site activities as well as in the school itself.

“First Aid is the immediate assistance or treatment given to someone injured or suddenly taken ill, before the arrival of an appropriately qualified person”.

The aims of Woldingham School First Aid Policy are to:

- Preserve life.
- Limit any decline of the condition.
- Promote recovery.

First Aid Provision. First aid boxes are provided in all the areas of the School where an accident is considered possible or likely. See Appendix 1, paragraph 1, for details.

Who to Contact

Health Centre:	Ext 4238
First Aiders:	Call Reception Ext 4201 or BURSAR PA Ext 4278
School Doctor	Dr Ashna Patel
Health Centre Nurse	L Smith-Lampart
Health Centre Nurse	Pascale Accary Bouzid

Term Time. For those staff members and pupils and visitors who become ill or suffer injury whilst at work, if they are able to get to the Health Centre, then medical assistance is provided there throughout the term of each school year. There is a qualified nurse on duty in the Health Centre 24 hours a day, who is available to administer first aid, to deal with any accidents or emergencies, or to help if someone is taken ill.

A number of members of the teaching, support and residential staff are trained and qualified as First Aiders and are capable of giving first aid. For more serious injuries and illnesses, these ‘First Aiders’ may manage an incident, call for help as appropriate, and assist the Health Centre as required. The names of staff with current First Aid training are available from the School Reception and on Sharepoint.

If available and free to do so, the School Nurse may attend and assist at any significant incident but their specific priority is to girls that might already be admitted to the Health Centre. Thus, the first response to any incident may need to be through the trained First Aiders.

School Holidays. First aid provision during school holiday periods is reduced as there is no Nurse on duty in the Health Centre. Any accident that cannot be treated by a First Aider will be dealt with by calling (9) 999 or visiting A&E or a Doctor. All contractors are to be aware of the first aid procedure.

Out of School Trips. All School minibuses contain a First Aid kit – minibus drivers are responsible for monitoring and refilling these kits. Staff taking pupils on school trips should obtain a “tailor made” First Aid kit supplied and stocked by the Health Centre. 48 hours notice is required and kits should be returned to the Health Centre immediately after the trip.

First Aid Training. The appointed School 'First Aiders' attend a 4 hour course held every three years which is provided by an organisation whose training and qualifications are approved by the HSE. All members of staff are encouraged to undertake First Aid training, on a voluntary basis, where this is above the Schools' minimum requirements.

The list of staff attending First Aid training is held and updated by the Bursar's PA and can be found on Sharepoint.

Incident management (term time). Incident management for accidents, injuries, and dangerous occurrences anywhere in the School and also for pupils and staff during games and trips is as follows:

Administering first aid.

- First aid should only be administered by a trained first aider. Copies of first aid certificates should be systematically filed.
- For minor injuries which are within the first aider's capability, appropriate treatment should be provided. Otherwise the injured person should be made comfortable until the emergency services arrive.
- Ensure that contaminated waste is safely disposed of and any blood or body fluid spillages are safely removed.
- Record any first aid treatment in the Treatment Book/ Boarding Treatment books.

Hygiene/Infection control/HIV Protection. Staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should have access to single-use disposable gloves and hand-washing facilities/hand sanitiser, which should be used when dealing with any blood or other bodily fluids. Staff should take care when dealing with such fluids, and when disposing of dressings or equipment. Make sure any waste (wipes, pads, paper towels etc) are placed in a disposable bag and fastened securely. Any children's clothes should be placed in a plastic bag and fastened securely ready to take home: *Source: 'Guidance on First Aid for Schools: A Good Practice Guide' (adapted).*

Supporting sick or injured children. Any pupils unwell during the day can be cared for in the medical room, until feeling better or parents are able to collect. Only trained staff are to administer first aid. First aiders do not administer medication unless medication training has been completed. Parents are welcome to contact the school nurse at any time if they have concerns about their child, and they will liaise if they or other staff have their own concerns. Initial medical information is gathered via the comprehensive medical forms completed for all children before their start date. Important information e.g. about allergies is disseminated to all staff on a need-to-know basis.

Life Threatening injuries.

- Summon an ambulance immediately and arrange for someone to meet and direct it to the incident. Dial 9 followed by 999 from any external phone. If no external phone is available, contact Reception via an internal phone (ext. 4201) and ask them to call.
- Term time only: Summon the School Nurse or an appointed School first aider, by calling the Health Centre on ext. 4238 (please note the call will be diverted to the mobile phone if the School Nurse is not in her office), or by calling Reception on ext. 4201.
- In cases of suspected spinal injury, do not attempt to move the casualty.
- Immediate first aid; keep the injured person warm, insulating from below as well as above, unless a suspected neck or spinal injury.
- Reassure and keep the casualty calm.

Examples of such a life-threatening emergency might be:

1. Anaphylaxis – need to use EpiPen.

What is anaphylaxis?

Anaphylaxis is a severe allergic reaction requiring urgent medical attention. It can be triggered by a variety of allergies, the most common of which are contained in food (e.g. dairy products, nuts, peanuts, shellfish), certain drugs and the venom of stinging insects (e.g. bees, wasps, hornets). An adverse reaction can be very fast and life-threatening. Symptoms of anaphylaxis usually occur after exposure to the causative agent and may include itching, swelling of the throat and tongue, difficulty in swallowing, rashes appearing anywhere on the body, abdominal cramps and nausea, increased heart rate, difficulty in breathing, collapse and unconsciousness. No pupil would necessarily experience all of these symptoms at the same time.

Medication and control

While “allergy” medicines such as antihistamines can be used for mild allergic reactions, they are ineffective in severe reactions – only adrenaline is recommended for severe reactions (anaphylaxis). The adrenaline treats both the symptoms of the reaction, and also stops the reaction and the further release of chemicals causing anaphylaxis. However, severe reactions may require more than one dose of adrenaline, and children can initially improve but then deteriorate later. It is therefore essential to always call for an ambulance to provide further medical attention, whenever anaphylaxis occurs. The use of adrenaline as an injection into the muscle is safe and can be life-saving. ***It is important that key staff in the School are aware of the pupil's condition and of where the pupil's medication is kept, as it is likely to be needed urgently.***

It is not possible to overdose using an Auto Adrenaline Injector (AAI) as it only contains a single dose. In cases of doubt, it is better to give a pupil experiencing an allergic reaction an injection rather than hold back. All pupils who have anaphylaxis will require an Allergy Action Plan which parents or guardians should complete prior to starting at Our Lady's Abingdon.

This will be kept with the pupil's medication in the Medical Room or on the person. Depending on their level of understanding and competence, children and particularly teenagers should carry their AAI(s) on their person at all times or they should be quickly and easily accessible at all times. If the AAI(s) are not carried by the pupil, then they should be kept in the Medical Room in a box marked clearly with the pupil's name. but NOT locked in a cupboard or an office where access is restricted. Spare AAI's are kept in the Kitchen and in Medical room. Guidance on the use of adrenaline auto-injectors in schools https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Following discussion with the pupil and his/her parents, individual decisions should be made as to whether to provide basic information on the pupil's condition to his/her peer group so that they are aware of their classmate's needs and of the requirement for urgent action should an allergic reaction occur. Fellow pupils should also be advised not to share food or drink with a pupil who is likely to experience an anaphylactic reaction.

Managing pupils with Anaphylaxis

- Staff should be aware of those pupils under their supervision who have a severe allergy resulting in anaphylaxis. Staff should ensure that all pupils who have an AAI prescribed to them, have their medication on them at all times. A list is available of all pupils with Allergies and where the medication is kept.
- Staff should ensure that they attended the Anaphylaxis training held on training (INSET) days. (Staff to seek advice from the School Nurse or a First Aider). If a pupil feels unwell, the School Nurse or a First Aider should be contacted for advice.
- A pupil should always be accompanied to the Medical Room if sent by a member of staff.

Away trips

- A member of staff trained in the administration of medication should accompany the trip, taking responsibility for the safe storage of pupil's medication, if the pupils cannot carry it themselves (See Health Care Plan.)
- Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures.

Issues which may affect learning

Pupils with anaphylaxis should be encouraged to participate as fully as possible in all aspects of school life. It is not possible to ensure that a pupil will not come into contact with an allergen during the school day but schools should bear in mind the potential risk to such pupils in the following circumstances and seek to minimize risk whenever possible.

What are the main symptoms?

Itching or presence of a rash, swelling of the throat, difficulty in swallowing, difficulty in breathing, increased heart rate and unconsciousness

What to do if a pupil has an anaphylactic reaction

Always give an adrenaline auto-injector if there are ANY signs of anaphylaxis present. You should administer the pupil's own AAI if available, if not use the spare AAI. The AAI can be administered through clothes and should be injected into the upper outer thigh in line with the instructions issued for each brand of injector. IF IN DOUBT, GIVE ADRENALINE. After giving adrenaline do NOT move the pupil. Standing someone up with anaphylaxis can trigger cardiac arrest. Provide reassurance. The pupil should lie down with their legs raised.

If breathing is difficult, allow the pupil to sit. Administer salbutamol. If someone appears to be having a severe allergic reaction, it is vital to call the emergency services without delay – even if they have already self-administered their own adrenaline injection and this has made them better. A person receiving an adrenaline injection should always be taken to hospital for monitoring afterwards. **ALWAYS DIAL 999 AND REQUEST AN AMBULANCE IF AN AAI IS USED.**

2. Need for CPR (clinically dead) use the school's defibrillators

The Defibrillators

There are two defibrillators located around School at Main House Reception and the Sports Centre where there is a higher likelihood of emergency use. The batteries are maintained by the First Aiders at those locations.

3. Any new or unexpected chest pain.

4. Severe breathing difficulties – Asthma

What is Asthma?

Asthma is a very common long-term lung condition. It affects the airways that carry air in and out of your lungs. It affect 1 in 11 children. People with asthma often have sensitive, inflamed airways. They can get symptoms like coughing, wheezing, feeling breathless or a tight chest. Asthma symptoms can come and go. Sometimes people may not have symptoms for weeks or months at a time. Asthma can be life threatening.

Medication and Control:

Medication to treat the symptoms of asthma usually comes in the form of inhalers which in most cases are colour coded. Instructions will be given on the medication as to which colour coding is relevant to inhaler use in different circumstances. Most students with asthma will take charge of and use their inhaler from an early age and it is good practice to allow students to carry their inhalers with them at all times, particularly during PE lessons. If a pupil is too young or immature to take responsibility for the inhaler, staff should ensure that the inhaler is kept in a safe but readily accessible place and is clearly marked with the pupil's name. Spare inhalers are located in the Medical room but can only be given to those who have a diagnosis of Asthma and a signed consent form.

Students with asthma must have immediate access to their inhalers when they need them:

It would be helpful for parents to provide the School, with a spare inhaler for use in case the original inhaler is left at home or runs out. Spare inhalers must be clearly labelled with the pupil's name and stored in the Medical Room in accordance with the School's health and safety policy. It is the parents' responsibility to ensure that any medication retained at the School, is within its expiry date. All asthmatic students will require a 'Health Care Plan' which parents or guardians should complete prior to starting at Woldingham School,. The Health Care Plan should give the basic details and indicate whether in some circumstances the pupil should be allowed to carry medication on his/her person around the School,.

This will be kept with the pupil's medical file in the Medical Room. Note that it is difficult to "overdose" on the use of an inhaler. If a pupil tries out another pupil's inhaler there are unlikely to be serious side effects, although clearly

students should never take medication which has not been prescribed for their own personal use. Following discussion with the pupil and his/her parents' individual decisions should be made as to whether to provide basic information on the pupil's condition to his/her peer group so that they are made aware of their classmate's needs.

Managing students with asthma:

- Staff should be aware of those students under their supervision who have asthma. Games staff should ensure that all students with asthma have their salbutamol inhaler prior to commencement of a session. A list is available of all students with Asthma and where the medication is kept.
- Staff should ensure that they have some knowledge of what to do if a pupil has an asthma attack. (Staff to seek advice from the School Nurse).
- If a pupil feels unwell, the School, Nurse or a First Aider should be contacted for advice. A pupil should always be accompanied to the Medical Room if sent by a member of staff.

Issues which may affect learning:

Students with asthma should be encouraged to participate as fully as possible in all aspects of School, life, although special considerations may be needed before undertaking some activities. Students must also be allowed to take their inhaler with them on all off-site activities.

Physical activity will benefit students with asthma in the same way as other students. They may need to take precautionary measures and use their inhaler before any physical exertion. As with all students, those with asthma should be encouraged to undertake warm-up exercises before rushing into sudden activity, especially when the weather is cold. **However, they should not be forced to take part if they feel unwell.**

What are the main symptoms of asthma?

- Coughing, wheezing, tight chest, inability to speak properly and difficulty in breathing out.
- What to do if a pupil has an asthmatic attack
- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to School, activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- Liaise with the School, Nurse and Office Staff about contacting the pupil's parents/guardians.

5. Major trauma (severe limb damage/head injury).

6. Any suspected severe bone injury.

Try to avoid as much movement as possible

7. More than 10% burns/scalds. (Burn/scald bigger than size of dinner plate and/or severe pain and/or difficulties with breathing).

For all burns, cool with water for at least 20 minutes. Do not apply dry dressings, use cling film loosely if available- keep the patient warm and call an ambulance.

8. Unconscious following a head injury/overdose.

If the person is unconscious with no obvious sign of life, call 999 / 112 and ask for an ambulance. If you or any bystander has the necessary skills, Commence CPR while you wait for the emergency services.

9. Severe bleeding/blood loss.

If something is embedded

An object embedded in a wound (other than a small splinter) should not be removed as it may be removed as it may stem bleeding, or further damage may result- If bleeding create pressure either side of object with bandages. In principle leave splinter in place, carefully clean the area with warm soapy water; use sterile dressing to cover it, Report to parents, if the child is particularly uncomfortable contact parents.

If nothing is embedded

Control severe bleeding by applying firm pressure to the wound using a clean, dry dressing, if continues apply another dressing pad firmly bandage **do not remove the original pad**. Lay the person down, reassure them, keep them warm and loosen tight clothing.

10. Electric shock – don't forget to switch off power FIRST if victim is still connected to the power source.

Ensure all testing is compliant do not use any equipment within School, that has not been tested.

11. Stroke

What is a Stroke?

A *stroke* is a *life-threatening* emergency. It happens when the blood supply to part of the brain is cut off, this in turn kills brain cells and can cause brain damage. This damage to the brain can affect how the body moves, your emotions and how you think. The effects of a stroke depend on where it takes place in the brain, and how widespread the damaged area is. There are three types of stroke ; Ischaemic stroke, Haemorrhagic stroke and Transient ischaemic attack or TIA. Strokes can occur across all ages

What are the symptoms of stroke?

If stroke is suspected think FAST:

- **Facial weakness:** Can the person smile? Has their mouth or eye drooped?
- **Arm weakness:** Can the person raise both arms?
- **Speech problems:** Can the person speak clearly and understand what you say?
- **Time to call 999:** if you see any of these signs.

Hemiplegia

Hemiplegia is a condition caused by brain damage or spinal cord injury that leads to paralysis on one side of the body. Children with hemiplegia may also take longer to reach developmental milestones than their peers. They may also use only one hand when playing or keep one hand in a fist.

All children with hemiplegia should have a Healthcare plan

Serious injuries, (not life threatening).

- **Term time:** Call the Health Centre (and ambulance if no response from the Health Centre within 5 minutes).
- Apply immediate first aid, by calling an appointed School First Aider if necessary. Keep the injured person warm, insulating from below as well as above, reassure and keep the casualty calm.
- In cases of suspected spinal injury, do not attempt to move the casualty.
- **If in any doubt call the ambulance.**

Examples of a serious incident might be:

1. Severe asthmatic not responding to inhaler.

2. Epileptic fit lasting for more than 10 minutes.

3. Unresolved choking/partial airway obstruction.

4. Diabetic

What is diabetes?

Diabetes is a condition in which the amount of glucose (sugar) in the blood is too high due to the body being unable to use it properly. This is because of a faulty glucose transport mechanism due to lack of insulin. Normally, the amount of glucose in the bloodstream is carefully controlled by a hormone called insulin. Insulin plays a vital role in regulating the level of blood glucose and, in particular, in stopping the blood glucose level from rising too high. Students with diabetes have lost the ability to produce insulin and therefore their systems are unable to control their blood glucose levels. If the blood glucose level is too high, a pupil may show symptoms of thirst, frequent trips to the toilet, weight loss and tiredness. Conversely, if the blood glucose level is too low a pupil may display symptoms which include hunger, drowsiness, glazed eyes, shaking, disorientation and lack of concentration.

Medication and control

Diabetes can be treated effectively by injections of insulin/tablets and by following an appropriate diet. The aim of the treatment is to keep the blood glucose level close to the normal range so that it is neither too high (hyperglycaemia) nor too low (hypoglycaemia). All students with diabetes will require a Health Care Plan. In most cases students will have their insulin injections before and after School, but some students may require an injection at lunchtime. If a pupil needs to inject whilst at School, he/she will know how to undertake the procedure without adult supervision. However, the pupil may require privacy in which to administer the injection. Some students may also need to monitor their blood glucose levels on a regular basis and again privacy may be required for this procedure.

An essential part of the treatment of diabetes is an appropriate diet whereby regular meals and good food choices help to keep the blood glucose level near normal. A pupil with diabetes will have been given guidance on food choices which should be reduced in sugar and fat but high in starch. Most students with diabetes will also need to eat snacks between meals and occasionally during class time. It is important to allow a pupil with diabetes to eat snacks without hindrance or fuss and to ensure that the lunchtime meal is taken at a regular time. It is also important that the School, should establish with the pupil and his/her parents where supplies of fast acting sugar can be kept in case of a hypoglycaemic episode.

The issue of close communication between parents and the School, is fundamental to the care of students with diabetes, as many aspects of growth and development will have an impact on their diabetes control. It is the parents' responsibility to ensure that any medication retained at the School, is within its expiry date. All diabetic students will require a Health Care Plan which parents or guardians should complete prior to starting at Woldingham] School,. This will be kept with the pupil's file in the Medical Room. Following discussion with the pupil and his/her parents' individual decisions should be made as to whether to provide basic information on a pupil's condition to his/her peer group so that they are aware of their classmate's needs.

Managing students with diabetes

- Staff should be aware of those students under their supervision who have diabetes. A list with all diabetic students and where the medication is kept is available
- Games staff should ensure that all students with diabetes have a Lucozade bottle or dextrose tablets with them (and their emergency medication and blood glucose monitoring kit) prior to commencement of a session.
- Staff should ensure that they have some knowledge of what to do if a pupil has a hypoglycaemic episode or a hyperglycaemic episode. (Staff to seek advice from the School, Health Professional for training).

- If a pupil feels unwell, the School, Nurse or First Aider should be contacted for advice.
- A pupil should always be accompanied to the Medical Room if sent by a member of staff.

Away trips

A member of staff trained in the administration of medication should accompany the trip, taking responsibility for the safe storage of students' medication, if the students cannot carry it themselves (See Health Care Plan). Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures.

Issues which may affect learning

Students with diabetes should have no difficulties in accessing all areas of the curriculum including sporting activities which are energetic. However, as all forms of strenuous activity use up glucose there are some simple precautions to follow in order to assist a pupil with diabetes in maintaining an adequate blood glucose level: Encourage the pupil to eat or drink some extra sugary food before the activity, have glucose tablets or a sugary drink readily available in case the pupil displays symptoms of hypoglycaemia, after the activity is concluded, encourage the pupil to eat some more food and take extra fluid - these additional snacks should not affect normal dietary intake.

What to do in an emergency if a pupil has a hypoglycaemic (low blood sugar) episode

Common causes:

A missed or delayed meal or snack, extra exercise, too much insulin during unstable periods, the pupil is unwell or the pupil has experienced an episode of vomiting.

Common symptoms are:

- Hunger, drowsiness, glazed eyes, shaking, disorientation, lack of concentration, sweating
- i. Get someone to stay with the pupil - call for the School, Nurse / First Aider/ambulance (if they are hypo, do not send them out of class on their own, their blood sugar may drop further and they may collapse.
- ii. Give fast acting sugar immediately (the pupil should have this), e.g.:
Lucozade, fresh orange juice, sugary drink, e.g. Coke, Fanta, glucose tablets, honey or jam, 'Hypo Stop/Glucogel' (discuss with parents / houseparent's whether this should be taken on trips off site)
- iii. Recovery usually takes ten to fifteen minutes.
- iv. Upon recovery give the pupil some starchy food, e.g. couple of biscuits, a sandwich.
- v. Inform the School, Nurse and parents of the hypoglycaemic episode.
- vi. In some instance it may be appropriate for the pupil to be taken home from School,
NB. In the unlikely event of a pupil losing consciousness, call an ambulance (122 or 999) and the School, Nurse / First Aider.

A hyperglycaemic episode (high blood sugar)

Hyperglycaemic episodes occur when the blood glucose level is too high. Students may display the following symptoms:

- Excessive thirst, passing urine frequently, vomiting, abdominal pain
- A change of behaviour

Care of students in a hyperglycaemic episode:

- Do not restrict fluid intake or access to the toilet
- Contact the School, Nurse and/or parents if concerned.

In both episodes, liaise with the School, Nurse / First Aider about contacting the pupil's parents or guardians

5. Eye injuries, particularly if suspect substance in eye i.e., caustic fluids etc.

6. Ingestion of noxious substance, (poisons, drugs, alcohol).

7. Severe pain following an accident.

8. Hypothermia or heat stress.

9. Suspected spinal/neck injury – DO NOT MOVE PATIENT.

10. Overdose if still lucid/conscious.

All other injuries.

- Immediate first aid.
- As required, send or take the injured person to the Health Centre, or summon help from a First Aider.

Reporting of Injuries and ‘near misses’. Accident/Near Miss Incident Report Forms are available online on Sharepoint. Accident/Near Miss Incident Report Forms are kept at the locations of all first aid boxes in the School, the Staff Rooms and the Health Centre.

- **Injuries to Girls.** In all cases, the member of staff is to report an injury to a girl to the Departmental Head and must also complete an Accident/Near Miss Incident Form. The completed Accident/Near Miss Incident Report Form must be sent to the BURSAR’s PA as soon as possible after the incident. Staff must always inform the Head of Year/Housemistress, after having dealt with the girl, at the earliest opportunity. **It is the responsibility of the Head of Year to inform parents of any accident or injury to a girl (or the Housemistress outside the normal school working day) but this duty may be delegated to the School Nurse by the Head of Year or Housemistress.** Medical advice to parents, if necessary, will be undertaken by the nursing staff.
- **Injuries to Teaching and Support Staff, Visitors and Others.** The member of staff (or delegated colleague) should inform the Departmental Head and must also complete an Accident/Near Miss Incident Report Form. The completed Accident/Near Miss Incident Report Form must be sent to the BURSAR’s PA as soon as possible after the incident.
- All injuries taken to the Health Centre will be recorded by the Health Centre staff.

It is a legal requirement that staff inform the Byrsar about anything related to work which has caused or had the potential to cause harm to themselves or to others. Certain types of injury and disease caused by work activities or the work environment and certain dangerous occurrences with the potential to cause injury have to be reported to the Health and Safety Executive (HSE).

The School maintains records of all accidents and injuries, regardless of how minor they may appear to be. These are logged with the Bursar who will make necessary RIDDOR* reports, as required, to minimise the likelihood of recurrence. (*Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, currently in force.)

The information gathered by collecting Accident/Near Miss Incident Report Forms, and the subsequent investigations, can help the School identify trends and possible areas for improvement in the control of health and safety risks. It can also be used for reference in future first-aid needs assessments.

Girls with Special Medical Conditions. Girls who have particular medical conditions (such as asthma, diabetes, dietary intolerances/allergies or epilepsy) have their conditions registered on the School’s database. Colleagues are made aware of the needs of such girls through staff meetings and through identification from the database. The Health Centre holds all the relevant medical information on such girls. All girls with special medical needs are identified before going on school trips so that staff accompanying are aware of both the issue and any possible intervention or action that might be required on their part.

The Head of the relevant Department will ensure that any peripatetic staff are informed of girls with special medical needs.

Staff should always remember

- **Never send a girl, no matter how slight her injury, back to her House but always to the Health Centre;**
- **Never send an injured girl to the Health Centre alone – always provide an escort – and check afterwards that the injured person did report to the Health Centre (if possible, please alert the Health Centre of their impending arrival);**
- **Anyone who sustains any form of head injury should always be taken to the Health Centre;**
- **Be sensitive to the casualty by clearing the area of on-lookers when necessary.**

Appendices:

1. First Aid Box locations.
2. First Aid contents.
3. General notes on first aid.
4. Staff First Aid Training
5. List of Notifiable Diseases

Appendix 1. - First Aid Box Locations

First aid boxes are placed in all the areas of the School where an accident is considered possible or likely (such as the Sports Hall). First aid boxes are always taken when groups of pupils go out of School on organised trips or participate in sporting events.

The Health Centre is responsible for maintaining the contents of the First Aid boxes.

First Aid boxes are in the following areas:

Location	Type of First Aid Kit	Responsible Custodian
Sports Hall	2 x First Aid Sports Bag	Director of Sport
Millennium Centre	First Aid Point	Theatre/AV Head Technician
Maintenance	First Aid Point	Estate Manager
Grounds	First Aid Point	Head Groundsman
Reception	Standard Hard Case kit	Receptionist
Domestic Services	Standard Hard Case kit	Domestic Services Manager
School Office	Standard Hard Case kit	School Office Manager
Health Centre	Standard Hard Case kit	School Nurse
Drama	Standard Hard Case kit	Head of Drama
Science	Standard Hard Case kit	Head of Science
Design & Technology	Standard Hard Case kit	Head of DT
Art	Standard Hard Case kit	Head of Art
Boarding Offices	Standard Hard Case kit	Senior Teacher (Boarding)

Appendix 2

Content of First Aid Kits

Please find below lists specifying the contents of each First Aid kit (sports, first aid point, and standard first aid kit).

First Aid Points	
First Aid	
First Aid Guidance Leaflet	
Sterile Washproof Plasters	
Sterile Eye Pads with Bandage	
Triangular Bandages	
Safety Pins	
Sterile Medium Dressings with Pad	
Sterile Large Dressings with Pad	
Moist Wipes	
Disposable Gloves (Pair)	
Eyewash	
Eyewash 500ml	
Eye pad with Dressing	
Burns	
First Aid Guidance Leaflet	
BurnStop Burn Dressing 10x10cm	
BurnStop Gel Sachets 3.5g	
Safety Pins	
Conforming Bandages	
Disposable Gloves	
Biohazard	
Hypaclean Absorbent Powder	
Hypaclean Disinfectant Cleaner Spray 50ml	
Disinfectant Wipe	
Disposable Gloves (Pairs)	
Non-Woven Cloths	
Scraper and Scoop	
Polythene Apron	
Biohazard Waste Bag	

K460 - School Sports Kit	
First Aid Guidance Leaflet	
Assorted Fabric Plasters	
Pink Washproof Plasters	
Sterile Eye Pads with Bandage	
Triangular Bandage	
Safety Pins	
Med Sterile Wound Dressing	
Lge Sterile Wound Dressing	
Moist Wipes	
Disposable Gloves (Pair)	
Blister Dressings	

Clinical Waste Bag Self Seal	
Cool Jel Sachets	
Emergency Foil Blanket	
Extra Large Wound Dressings	
Eye Wash Bottle 250ml	
Resuscitation Face Shield	
Instant Cold Pack	
Skin Closure Strip	
Microporous Tape 2.5cm	
Waterproof dressings (Assorted)	
Adhesive Dressings	
Petroleum Jelly 225g	
Virucidal Disinfectant Spray 30ml	
Zinc Oxide Strapping 4cm	
Plastic Trigger Spray, Empty 250ml	
First Aid for Children Pocket Guide	

K339 – Standard First Aid Kit	
First Aid Guidance Leaflet	
Moist Wipes, Alcohol Free	
Eye Wash Pod 20ml	
Foil Blanket	
Cold Pack - Single Use	
Microporous Dressing Tape	
Pink Waterproof Plasters	
Medium Unmedicated Dressing	
Large Unmedicated Dressing	
Triangular Bandage	
Safety Pin	
Eye Pad with Bandage	
Burnjel Sachets	
Clinical Waste Bag	
Face Shield for CPR	
Vinyl Gloves	

Appendix 3. General notes on first aid.

Responsibilities of a First Aider are to:

- Assess the situation. (Is the area safe to work in? How many casualties are involved? Prioritise casualties' needs.)
- Summon help. If alone, give basic first aid and contact the Health Centre on ext 4238. Return to the casualty after contacting the Health Centre.
- If not alone, send someone to contact the Health Centre and give relevant details i.e. where, when, how the incident occurred, the name of the casualty.

Dealing with the spillage of bodily fluids

- **Staff precautions.** In general, if staff who are giving physical care have cuts and abrasions, these should be covered with waterproof or other suitable dressings. Whenever and wherever possible, staff should wear disposable gloves when dealing with body fluids.
- **Accidents involving external bleeding.** Normal first aid procedures should be followed, which should include the use of disposable gloves where possible. Having stemmed the flow of blood, wash the wound immediately. Apply a suitable dressing and pressure pad if needed. As soon as possible seek medical advice.
- **Splashes of blood.** Splashes of blood on the skin should be washed off immediately with soap and water. Splashes of blood into the eyes or mouth should be washed out immediately with copious amounts of water. After accidents resulting in bleeding, contaminated surfaces should be cleaned liberally with detergent and hot water, and the accident reported in the usual manner.
- **Waste disposal.** Soiled waste should be placed in a sealed plastic bag and taken to the Health Centre where it will be disposed of appropriately. If this cannot be done, the rubbish including protective disposable gloves or aprons should be disposed of as waste for incineration.

In essence, those administering first aid should observe the rules of good general hygiene. All blood should be regarded as potentially infectious and personal contamination with the blood of others should be avoided.

Any spillage of blood onto a surface should be promptly dealt with and disinfected in accordance with current Department of Health advice, which is: 'Spillages of blood should be dealt with as soon as possible. The spilled blood should be completely covered by disposable towels which are then treated with a freshly prepared solution of household bleach diluted one part in ten. Towels etc, should be left for several minutes before being cleared into a correctly marked plastic bag and disposed of as waste for incineration. The person who deals with the spillage must wear appropriate protective clothing, such as household gloves and a disposable apron'.

Appendix 4 – Staff qualified in First Aid

Surname	First Name	Staff Type	Most recent course	Expires on	Most recent course type	Duration	Valid
Abbott	Phil	Teaching Staff	27 August 2021	27 August 2024	Emergency First aid at work for schools	1 day	Yes
Allberry	Ben	Teaching Staff	06 September 2022	06 September 2025	Emergency First aid at work for schools	1 day	Yes
Amaro	Sandra	Domestic Services	30 January 2020	29 January 2023	Emergency First aid at work for schools	1 day	Yes
Banton	Lucinda	Teaching Staff	06 September 2022	06 September 2025	Emergency First aid at work for schools	1 day	Yes
Bennett	Taryn	Teaching Staff	27 August 2021	21 August 2024	Emergency first aid at work for schools	1 day	Yes

Ceska	Vaclav	Teaching Staff	06 September 2022	06 September 2025	Emergency First aid at work for schools	1 day	Yes
Chan	Kimberley	Residential Staff	27 August 2021	27 August 2024	Emergency First aid at work for schools	1 day	Yes
Clayton	Michelle	Teaching Staff	06 September 2022	06 September 2025	Emergency First aid at work for schools	1 day	Yes
Culhane	Ashley	Teaching Staff	27 August 2021	27 August 2024	Emergency first aid at work for schools	1 day	Yes
Cripps	Jennifer	Teaching Staff	06 September 2022	06 September 2025	Emergency First aid at work for schools	1 day	Yes
Devlin	Gerry	Chaplain	27 August 2021	27 August 2024	Emergency first aid at work for schools	1 day	Yes
Gupta	Rahul	Teaching Staff	06 September 2022	06 September 2025	Emergency First aid at work for schools	1 day	Yes
Kellaway	Chris	Teaching Staff	27 August 2021	27 August 2024	emergency first aid at work for schools	1 day	Yes
Kuster	Suzanne	Residential Staff	27 August 2021	27 August 2024	Emergency First Aid at work for schools	1 day	Yes
Lane	Sarah	Residential Staff	06 September 2022	06 September 2025	Emergency First aid at work for schools	1 day	Yes
Lopez	Angel	Teaching Staff	06 September 2022	06 September 2025	Emergency First aid at work for schools	1 day	Yes
Maillot	Christelle	Teaching Staff	30 January 2020	29 January 2023	Emergency First aid at work for schools	1 day	Yes
May	Alison	Teaching Staff	06 September 2022	06 September 2025	Emergency First aid at work for schools	1 day	Yes
Nunes	Terence	Teaching Staff	27 August 2021	27 August 2024	Emergency fist aid at work for schools	1 day	Yes
Owen	Charlotte	SLT	27 August 2021	27 August 2024	Emergency first aid at work for schools	1 day	Yes
Page	Jessica	Residential	27 August 2021	27 August 2024	Emergency First aid at work for schools	1 day	Yes
Parrett	Steven	Domestic Services	30 January 2020	29 January 2023	Emergency first aid at work for schools	1 day	Yes
Rattle	Tom	Teaching Staff	30 January 2020	29 January 2023	Emergency First aid at work for schools	1 day	Yes
Scott Clark	Liz	School Nurse	27 August 2021	27 August 2024	Emergency First aid at work for schools	1 day	Yes
Sealey	Don	Teaching Staff	30 January 2020	29 January 2023	Emergency First aid at work for schools	1 day	Yes
Smith Lampart	Lisa	School Nurse	27 August 2021	27 August 2024	Emergency First Aid at work for schools	1 day	Yes
Treacy	Caroline	Teaching Staff	06 September 2022	06 September 2025	Emergency First aid at work for schools	1 day	Yes
Wahab	Daniel	Teaching Staff	06 September 2022	06 September 2025	Emergency First aid at work for schools	1 day	Yes
Weatherston	Nicole	Teaching Staff	27 August 2021	27 August 2024	Emergency First aid at work for schools	1 day	Yes
Wiseman	Angela	Evening residential staff	27 August 2021	27 August 2024	Emergency first aid at work for schools	1 day	Yes
Woolaway	Suzy	Deputy Head	27 August 2021	27 August 2024	Emergency First aid at work for schools	1 day	Yes
Wratten	Rachael	Teaching Staff	30 January 2020	29 January 2023	Emergency First aid at work for schools	1 day	Yes

Appendix 5 – List of Notifiable Diseases

Infection	Exclusion period	Comments
Athlete's foot	None	Athletes' foot is not a serious condition. Treatment is recommended
Chickenpox	Five days from onset of rash and all the lesions have crusted over	
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local HPT
Diarrhoea and vomiting	Whilst symptomatic and 48 hours after the last symptoms.	Diarrhoea is defined as 3 or more liquid or semi-liquid stools in 24 hours
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza)	Until recovered	Report outbreaks to your local HPT
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large number of pupils are affected. Exclusion may be considered in some circumstances
Head lice	None	Treatment recommended only when live lice seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of Hepatitis A, your local HPT will advise on control measures
Hepatitis B*, C*, HIV	None	Hepatitis B and C and HIV are blood-borne viruses that are not infectious through casual contact. Contact your local HPT for more advice
Impetigo	Until lesions are crusted /healed or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period

Measles*	Four days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP
Infection	Exclusion period	Comments
Meningococcal meningitis*/septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ www.NHS.uk). Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ www.NHS.uk) Your local HPT will advise on any action needed
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local HPT for more
Mumps*	Five days after onset of swelling	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.NHS.uk). Promote MMR for all pupils and staff.
Infection	Exclusion period	Comments
Ringworm	Not usually required.	Treatment is needed.
Rubella (German measles)	Five days from onset of rash	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.NHS.uk). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Scarlet fever	Exclude until 24hrs of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact local HPT
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.
Slapped cheek /Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife

Threadworms	None	Treatment recommended for pupil and household
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment
Infection	Exclusion period	Comments
Tuberculosis (TB)	Always consult your local HPT BEFORE disseminating information to staff/parents/carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing