

## WHOLE SCHOOL FIRST AID POLICY

This policy was revised in September 2011 in line with the School's Policy Review Schedule which ensures all policies are kept up to date and replaces that updated in 2010.

The Whole School refers to all staff and students at Lavant House in the junior and senior school which includes: the Early Years/Foundation Stage (EYFS), Pre-Prep School (Key Stage 1), Prep. School (Key Stage 2); Middle School (Key Stage 3); Senior School (Key Stage 4) and the Sixth Form (Key Stage 5).

Major and minor incidents can take many forms and can happen without warning. No plan can provide for every eventuality. The response to any incident is handled however, with a management framework which has been put in place for the day to day running of the school. In the event of an accident the pupils concerned should be taken to the School Nurse or in her absence to the relevant first aider. If contact can not be made with the Nurse the School Office should be the next point of contact.

One of the trained first aiders will decide if the injury requires hospital treatment and will, if necessary call for an ambulance. In this instance a member of staff will contact the parents. If hospital treatment is not deemed necessary the nurse or relevant first aider will attend to the injury on site. Subsequently, the member of staff originally reporting the accident should fill out an accident report form and submit it to the school office.

### **Admission of pupils to the Surgery.**

Pupils can access the Surgery freely from 10.30am until 2.30pm. In the Senior School pupils can attend the Surgery without accompaniment. The exception to this would be if there was concern to their safety, for example if they had sustained a head injury where they should be accompanied either by a member of staff or in many instances, another pupil. Junior School pupils are escorted to the **Surgery** if necessary. The pupil will be assessed by the School Nurse prior to either an admission or being able to go home. A record of medication/ treatment is recorded in the treatment book. Outcomes are recorded in the pupils' surgery files. A note is given to the Seniors for them to take home to parents.

### **Medical List**

The medical list names children whose medical circumstances require special notice and is issued and updated as needed by the nurse. Staff should consult the medical list in order to know which children in their classes suffer from allergies, asthma, epilepsy, diabetes and so on. Information concerning children who may suffer from allergies leading to anaphylactic shock is circulated to all members of staff and is kept in a file in the Staff Room.

## First Aiders

All Junior School members of staff have up to date first aid qualifications which are renewed every three years. All Early Years practitioners have Paediatric First Aid qualifications as required by EYFS. First Aid training is carried out by either British Red Cross or St John's Ambulance. School staff are first aid trained as laid out below:

<b>FIRST AID AT WORK CERTIFICATED FIRST AIDERS:</b>	<b>LOCATION</b>	<b>CERTIFICATE EXPIRY DATE:</b>
Mrs S. Greenwood	Assistant Bursar's Office	<b>24/10/2012</b>
Mrs E Marks	Biology Lab	<b>28/07/2013</b>
Mrs Carolyn Costello	House Office	<b>14/07/2013</b>
Mrs E Darvill	Domestic Bursar's office	<b>14/09/2013</b>
<b>EARLY YEARS FIRST AIDERS:</b>		
Mrs L Eldred	Stanier House	<b>11/02/2012</b>
Mrs A Parker	Stanier House	<b>23/02/2013</b>
Mrs E Taws	Stanier House	<b>23/03/2013</b>
<b>SPORTS FIRST AIDER:</b>		
Miss Claire Cawte	PE Office/Gym/Sports Pavillion	<b>14/07/2013</b>
<b>ONE DAY CERTIFICATED FIRST AIDERS</b>	<b>LOCATION</b>	<b>CERTIFICATE EXPIRY DATE</b>
Mrs L. Ayling	History Room – Classroom Block	<b>06/09/2012</b>
Mrs F.Campbell (School Nurse)	Nurse's Room - St Gregory (Upstairs, Main House)	<b>06/09/2012</b>
Dr D. Cook	Chemistry Lab	<b>06/09/2012</b>
Mrs L. Cranfield	School Office	<b>06/09/2012</b>
Mrs L Norland	School Office	<b>06/09/2013</b>

<b>ONE DAY CERTIFICATED FIRST AIDERS</b>	<b>LOCATION</b>	<b>CERTIFICATE EXPIRY DATE:</b>
Mrs J. Dawes	Nurse's Room - St Gregory (Upstairs, Main House)	<b>06/09/2012</b>
Mrs J. Dowle	Physics Lab	<b>06/09/2012</b>
Miss H. Frampton	Willow 1 & 2	<b>06/09/2012</b>
Mrs E. Houghton – Connell	Deputy Headmistress Office/Art Studio	<b>06/09/2012</b>
Mrs H. Kyffin	Houseoffice/Gym/Sports Field	<b>06/09/2012</b>
Mrs J. Martin	Maths 2 - Classroom Block	<b>06/09/2012</b>
Mrs H. Rice	French Room/RE Classroom	<b>06/09/2012</b>
Mrs E Hall	Willow 1 & 2	<b>06/09/2012</b>
Dr N. Sturt	Deputy Head's Office/Classroom Block	<b>06/09/2012</b>
Mrs D. Van Beek	Maths Room – Classroom Block	<b>06/09/2012</b>
Mrs S. Watson	Science Labs	<b>06/09/2012</b>
Mrs Z. Woolley	Stanier House/Willow Classroom	<b>06/09/2012</b>
<b><u>TELEPHONE NUMBERS:</u></b>		
St Richards Hospital 01243 788122 – Ask for Casualty Dept	Doctors Surgery 01243 527264	Lavant Road Surgery
Emergency Services 999		

The Surgery is open from 10.30am until 2.30pm Monday to Friday. Cover for after school activities is provided by a qualified first aider. **It is school policy to ensure that there is a First Aid qualified member of staff at all sites of the school.** Detailed First Aid Guidelines for staff are written by the on site medical team and are updated annually.

### **Dealing with emergencies**

The guidelines laid out below are designed to enable staff to cope correctly with a medical emergency in the crucial few minutes between the decision to summon the School Nurse and her arrival on the scene. Staff should seek to reassure the casualty, make the casualty comfortable and take responsibility for managing the situation. Upon her arrival she will assume responsibility for any further action taken. In most instances pupil should be escorted quickly and safely to the

Surgery. Should this not be possible the pupil should be reassured and the Nurse contacted. A First Aider may also be called if the injury or illness occurs whilst offsite, instructions within the 'Dealing with Disasters Policy Document should be adhered to.

Within the school population there are a number of pupils who may suffer from Asthma. Further information is outlined below:

### **Asthma**

All diagnosed asthmatics should have their blue reliever inhalers on their person, even in the Junior School. Spares can be held in the Surgery in case they lose or forget them. Asthma inhaler spares and spacers are kept in the school office.

#### *General points*

1. Pupils with asthma should always carry their inhaler with them and should be recommended by their Tutors to lodge a spare, named inhaler to keep in the main office first aid cupboard. in case of emergency. Any other medication or equipment, such as a spacer device, should be deposited in the Surgery.
2. Pupils who suffer from exercise induced asthma should be provided with the opportunity, if required, to have a puff of their inhaler before they start exercise. They should always bring their inhaler into the Gym/Sports Hall.
3. Pupils should be reminded to take their inhalers on all trips and educational visits.

#### *Asthma attack on the school premises*

Any of the following might trigger an attack: Cold (e.g. cold frosty mornings); hay fever; exercise; excitement or prolonged laughing; fumes (e.g. glue, paint, fumes from science experiments); viral infection (e.g. common cold); allergic reaction (e.g. food, animals); wood dust; stress (though this rarely in itself triggers an attack). In no circumstances should a member of staff leave the pupil concerned unattended. The pupil is likely to have experienced such attacks before and will usually know what to do: be advised by him or her as to what is likely to be most effective. There are, however, some standard procedures, in the case of mild attack, which staff should initially follow before assessing whether to summon the Nurse:

1. Stay calm and reassure the pupil.
2. Sit the pupil upright or leaning forwards slightly as this will assist breathing. Don't make him or her lie down. Make sure the pupil is comfortable.
3. Ensure that the reliever inhaler (blue) is taken promptly to open up the narrowed air passages. Administer two puffs.

4. Encourage the pupil to breathe slowly and deeply. If, after two minutes, the pupil feels that improvement is not quite good enough, encourage him or her to use the reliever inhaler again. Call the School Nurse or send a pupil to the School Office as soon as a suspected Asthma attack occurs. If necessary the nurse will ensure that the reliever inhaler is used again and check that it is being used properly. She will assess peak flows and depending on results and response to Ventolin the pupil will:

- a) sit with the Nurse until resolved and then go back to class, or
- b) transferred to hospital accompanied by an adult. Parents will be contacted

## **Epilepsy**

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

### a) Petit Mal/Absence Seizure

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

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

### b) Convulsive Seizure

This is alarming for the onlooker, but not normally harmful for the pupils, except in case of injury. Be aware of the effect on other pupils who may be frightened or turn to mockery. As soon as the pupil begins to fit, send for the school Nurse. The fit cannot be prevented, so the principal concern is to protect the pupil from injuring him or herself during the fit and to provide care on a temporary

basis once he or she has regained consciousness.

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

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

### **Do not:**

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

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

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

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

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

### **Anaphalaxis**

Every member of staff receives a confidential list of anaphylactic sufferers at the start of every year.

Any known anaphylaxis sufferers are encouraged to take responsibility for their condition and carry their own epipens. The class teachers of the younger children have the epipens until the parents feel that their child is ready to carry them. Staff encourage the use of bum bags. **Spare epipens are kept in a First Aid Box behind the door of the Houseoffice where they can be accessed 24 hours a day.**

Symptoms may include: anxiety, increased pulse, puffy eyes, swelling of face/neck, difficulties breathing, red and blotchy rash. Establish whereabouts of epipen. Send someone to dial 999 and the School Nurse. Staff are encouraged to respond quickly:

1. If epipen on person: Pull off grey cap and place black tip on front of thigh, press firmly and hold for ten seconds.
2. Help child sit in a position that aids breathing most.

### **Diabetes – Hypoglycaemia and Hyperglycaemia**

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

#### **Symptoms:**

- |                            |           |             |         |
|----------------------------|-----------|-------------|---------|
| • “Pear Drop” breath       | Trembling | Confusion   | Shaking |
| • Increased breathing rate | Seizures  | Sweating    | Coma    |
| • Increased pass urine     | Thirsty   | Weight loss |         |
| • Increased heart rate     | Lethargy  |             |         |

**Action:**

1. If child aware hypoglycaemic give X2 Glucose tablets and/or biscuit/milk/orange juice/banana/ cereal bar.
2. Then notify school nurse.
3. If unsure, give sugary food and await medical help.
4. If unwell at school, send to school nurse.

**Fractures**

Fractures are difficult to establish therefore if in doubt, treat the injury as a suspected fracture to avoid aggravating any injury. Symptoms that may be present include pain/swelling/limited movement/grating/deformity.

**Action:**

1. Ensure the casualty is comfortable.
2. Reassure the casualty and try to reduce their movement.
3. Ring the Medical centre.

**Bodily Fluid Kits are available around the school for staff to use.**

**Informing Parents**

In the Junior School parents are informed of all incidents/accidents before removing their child. In the Junior School all incidents/accidents are recorded with a note/wristband to parents which goes back with the child at the end of the day. In the whole school parents will be advised in serious cases only at the discretion of the school nurse.

In all cases of a child being unwell or injured, and needing to go home, parents will be informed immediately.

**Medicines**

The Junior School administer medicines under the written permission of parents and all medicines are kept in a locked and designated cupboard. Only designated staff may administer this medicine and a record is kept. In the Senior School the school nurse or appropriate member of staff may administer medication.

## **FIRST AID BOXES ARE LOCATED AS FOLLOWS:**

School Office(+ Accident Book)  
Science Lab  
Assistant Bursar's Office (Wheelchair, Blanket & Pillow available)

Willow Classroom  
Nurse's Room – (St Gregory)  
House Office  
Parkins  
Stanier House (+ Accident Book)  
Staff Room  
Kitchen and Laundry  
PE Store  
Art Studio  
St Cecilia  
Maintenance Shed  
School Buses

In addition there are 2 Portable boxes with the Nurse.

### **Bodily Fluids**

In the event of any bodily fluids (blood, faeces, urine and vomit) needing to be dealt with immediately, clear hygiene arrangements are in place and guidance is available from the Surgery. Body fluid clean-up kits are available. Gloves are provided in First Aid kits and should be used when dealing with bodily fluids. All items should be placed in a plastic bag and disposed of in a clinical waste bin located in the Surgery. If possible the area should be cleaned with neutral detergent such as washing up liquid.

### **Reporting accidents**

In the event of an accident the member of staff originally reporting the accident should fill out an accident report form which is available from the School office. This should be submitted to the School office. The school conforms to the statutory requirements and will report to HSE in accordance to Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). Further details of which can be found at:  
<http://www.hse.gov.uk/riddor/> Accidents in the EYFS setting must also be reported to OFSTED.

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Review September 2012

## **LAVANT HOUSE FIRST AID POLICY – APPENDIX 1**

### **PROCEDURE FOR THE ADMINISTRATION AND STORAGE OF MEDICATION**

All medication on school premises must be kept locked away but accessible at all times. Prescribed medication required for a specific pupil and in use on school premises should be declared, documented and kept locked in the medication cabinet in the school surgery, or held by a responsible member of staff.

#### **BOARDERS**

1. Short term prescribed medication must be written up on a medication administration form to be kept in the surgery with the time it is to be administered clearly noted and the medication itself locked in the medication cabinet or held by a responsible member of staff.
2. For long term prescribed medication, e.g. Oxytetracycline tablets, if the pupils is 16 or over and has a secure lockable box in which to keep the medication, it may be considered appropriate for her to keep the medication in her room within the boarding house. Under 16 years old will have all medication locked in the medication cabinet in the surgery, where they should come at a specified time for its administration
3. Where medications, such as the contraceptive pill, are prescribed confidentially, provided the pupil is over 16, it may be considered possible for her to keep it in her room securely locked away. However, she must inform the School Nurse, in confidence, that she is taking this medication and that it is on school premises. The pupil concerned must understand that they are responsible for the medication and the safety of its storage.
4. Where it has been decided appropriate for a pupil over the age of 16 to keep her medication securely locked away and in her bedroom, she must read and sign Form M16. This can be obtained from the School Nurse.

#### **DAY GIRLS**

Any pupil taking medication in school must declare it to her Form Teacher, who should inform the School Nurse when appropriate. The medication will be documented and kept locked in the medicine cabinet in the surgery or the school office, or held by a responsible member of staff.

### **THE SCHOOL AND STAFF CANNOT BE HELD RESPONSIBLE FOR UNDECLARED MEDICATION TAKEN OR KEPT ON SCHOOL PREMISES.**

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