

Bloxham School



13a

FIRST AID POLICY

ISI	Part 3
NMS (if applicable)	3, 6
Policy Owner (SLT)	LJRL
Governor Responsible	Carol Shaw
Gov Annual Review Date	Lent Term
Next Gov Annual Review Date	Lent Term 2024
Policy Last Updated	06/03/2024
On the Website	Yes

Please read in conjunction with:

- Palmer Health Centre Medical Policies and Documents
- Health and Safety Policy
- Medicines Management Policy
- Covid 19 Risk Assessment and Protocols

Last Updated:

- 29.11.19 – EKE
- 11.01.21 - CEJL
- 24.01.23 – EKE
- 27.06.23 - EKE
- 27.09.23 – EKE
- 13.11.23 – EKE
- 11.12.23 - EKE
- 24.01.24 - EKE
- 06.03.24 - EKE

FIRST AID POLICY SUMMARY

The Health and Safety (First Aid) Regulations 1981 require employers to provide adequate and appropriate equipment, facilities and trained personnel to ensure employees receive immediate attention if they are injured or are unwell in the workplace. The level of First Aid cover will be identified by risk assessment of the activities and functions which take place on the work premises. These regulations apply to all workplaces.

To ensure that we comply with the Regulations on Bloxham School site, there are a suitable number of personnel trained ranging from one day emergency aid courses to fully qualified Registered Nurses and a visiting School Medical Officer, with equipment and facilities to provide this service. This provision ensures that someone competent in basic first aid techniques can attend quickly if an incident or illness occurs both during term time and at other times when an area is regularly occupied.

Provision of appropriate first aid arrangements must be available for staff and pupils attending trips or whilst involved in sports activities.

A First Aider is identifiable by wearing a green lanyard. They have additional responsibilities and will be permitted to attend any first aid incident as required. They must:

- Respond quickly to requests for assistance within the area they work
- Provide support within their level of competence
- Assist other first aiders if required
- Call for help if required
- Report all details of action taken, treatment required and complete an accident form

It is the responsibility of the Deputy Head Pastoral to manage the implementation of the First Aid Policy. Each Head of Department and House Master/Mistress is responsible to ensure there is adequate first aid cover provided for their area of personal responsibility.

It is the responsibility of the Health and Safety Manager, Bursar, Senior Nurse and other co-opted team members, who are appointed as the responsible persons to review and update this policy for Bloxham School.

This policy summary and the full procedure policy will be reviewed, updated and amended on a 3 yearly basis or sooner if required. All changes will be circulated to all employees.

Signed
Deputy Head Pastoral

First Aid Policy

General statement:

Bloxham School is committed to providing emergency first aid provision in order to deal with accidents affecting pupils, employees and visitors.

This policy is based on the results of a risk assessment carried out by the school. This policy applies to all staff, pupils, and visitors. The Bursar has overall responsibility that the school has adequate and appropriate first aid equipment, facilities and first aiders for ensuring that the correct first aid procedures are followed. A list of staff trained in First Aid is contained within Appendix A of this policy.

This policy aims to comply with paragraph 3 (6) of The Schedule of Education - Independent Schools Standards (England) regulations 2003 (SI 2003/1910) and the Health and Safety at Work Act 1974. Subsequent regulations and guidance including the Health and Safety First Aid Regulations 1981 (SI1981/917) and The First Aid at Work: Health and Safety Approved Code of Practice and Guidance.

All staff should read and be aware of this policy. They should know who to contact in the event of any illness, accident or injury. All staff will use their best endeavours, at all times, to secure the welfare of pupils. Anyone on school premises is expected to take reasonable care for their own and others safety. This policy is part of a number of school policies aimed at safeguarding children in all circumstances.

Aims of Policy:

- To ensure that the school has adequate, safe and affective first aid provision for all pupils, members of staff and visitors.
- In the event of any illness, accident or injury, no matter how major or minor all pupils, members of staff and visitors should be treated appropriately.
- That all staff and pupils are aware of the first aid procedure in the event of any illness, accident injury.
- To ensure that medicines are only administered at the school when permission has been granted.
- To ensure that medicines are appropriately stored and in date.
- To promote effective infection control.

Nothing in this policy should affect the ability of any person contacting the emergency services in the event of a medical emergency. If in doubt, staff should dial 999 for emergency services. In the event of an emergency, clear arrangements for liaison with the ambulance services on the school site should be made.

To achieve this, the School will;

- Have suitably stocked first aid boxes. All items will be clearly labelled, and the contents kept in date.
- Carry out a suitable and sufficient assessment of the risks posed
- Appoint sufficient first aiders to administer first aid.
- Provide information to employees, pupils and parents on the arrangements for first aid.
- Review and monitor arrangements for first aid as appropriate and carry out a full review on an annual basis.
- In addition to the above the following should be reviewed and checked on a termly basis; departmental first aid boxes (by departmental staff), travel bags and sports bags and expired dates disposed of. All First aid bags and boxes comply the DFEE guidance.

The first aid boxes are replenished and updated upon request of departmental staff to Palmer Health Centre, travel bags and sports bags are all provided and replenished by Palmer Health Centre and are issued from the centre. These bags must be signed out and returned at the end of each visit or at the end of each term (sports bags) and signed back in promptly.

Health and Safety Meetings are held termly and representatives of each department or area of significant risk is present. A member of Council is also present at Health and Safety Meetings. A fixed agenda item is First Aid and this includes reports and updates of first aid kits to be presented to Palmer Health Centre.

The schools' minibuses also have first aid boxes/bags, which are stocked in accordance with part 2 schedule 7 of the Road Vehicle (construction and use) regulation 1986. It is the responsibility of the Transport Manager to check the contents of the first aid box/bag regularly and restock when necessary.

First Aiders

The main duties of first aiders are to give immediate first aid to pupils, staff, or visitors when needed. They also need to ensure that an ambulance or professional medical help is called when necessary.

First Aiders are to ensure that the are up to date first aid certificates are kept in their personnel file in HR through liaison with the Compliance Officer.

All staff in Palmer Health Centre have completed an HSE approved first aid course and hold a valid certificate of competence in First Aid at Work.

The Bursar ensures that there are appropriate numbers of first aiders in relation to the operations of the school activities being performed and that they have undergone appropriate training. The training should be refreshed at three yearly intervals.

The school will maintain a record of employees who have undergone first aid training which will be kept by the Compliance Officer.

First aid Information

Notices are located throughout the school Boarding Houses indicating the location of the first aid boxes/bags and the school's first aiders. A list of first aiders is also held at reception.

If an illness or injury occurs, the member of staff in charge should assess the situation and decide on the appropriate course of action. This may involve calling a member of the Health Centre staff, a first aider and/or an ambulance. If summoned a first aider should assess the situation and take charge of the first aid administration.

If a first aider does not feel that they can provide adequate first aid they should always seek medical advice from one of the school nurses or emergency services immediately. Accident forms must be submitted within 48 hours and sent to Palmer, Health and safety manager and the Bursar.

A first aider/appointed person should always call an ambulance in the following situations:

- In the event of a serious injury/illness
- In the event of any significant head injury
- In the event of a period of unconsciousness if Palmer staff are unable to attend
- Whenever there is a significant fracture
- Whenever the first aider is unsure of the severity of the injuries
- Whenever the first aider is unsure of the correct treatment

If an ambulance is called, then the first aider in charge should make arrangements for the ambulance to have access to the injured person. Arrangements should be made to ensure that any pupil is accompanied in the ambulance or followed to hospital by a member of staff until one of the pupil's parents/guardians is present. The parents/guardian should be contacted by the House Master/Mistress or Palmer Health Centre Staff

A member of staff should remain with the pupil until one of the pupil's parents or guardians arrive at the hospital.

Sports staff are to email Palmer Health Centre if any injuries have been sustained during away matches. This should be actioned on the same day as the injury has been sustained so it can follow up appropriately.

Sports staff must submit accident forms for any injury home or away.

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Emergency Equipment:

- Oxygen – available for use by Health Centre Staff only
- AED (Defibrillator) – there are two of these on site and codes are circulated to Staff on a regular basis. The code is 1860.

1. Stored on the outside wall of the modern foreign languages (MFL) Block facing towards the swimming pool in a heated cabinet which is accessible to all staff for use in an emergency. If the access code to the cabinet is not known this will be given when calling 999 for the ambulance service. This AED is accessible to both the school community but also the village community/public if required.
2. Stored in the entrance to the Dewey behind the locked/coded door. This is stored in a cabinet which is not heated which is accessible to all staff or users who have access to the indoor sports facilities in an emergency. If the access code to the cabinet is not known this will be given when calling 999 for the ambulance service.

Staff have been given the opportunity to have familiarisation training in the use of the AED, however this is a fully automated machine and spoken instructions for use are given when opening the device if required for use in an emergency.

Procedure in the event of contact with blood or bodily fluids: The first aider should take the following precautions to avoid risk of infection:

- Cover cuts and grazes on their own skin with a dressing or plaster
- Wear suitable disposable gloves when dealing with blood or bodily fluids
- Use of PPE (Personal Protective Equipment), a pack of PPE is provided in each first aid kit in line with covid-19 precautions.
- Use devices such as face shields, where appropriate when giving mouth to mouth resuscitation or follow Resuscitation Council Guidelines on covid precautions.
- Wash hands after every procedure

If a first aider suspects that they may have been contaminated with blood and /or bodily fluids which are not their own the following actions should be taken without delay;

- Squeeze the site if possible, wash the area where contamination has occurred with soap and water
- Do not suck the wound
- Irrigate eyes with tap water, or an eye wash bottle.
- Wash splashes out of nose or mouth with tap water, taking care not to swallow the water.
- Report the incident to one of the nurses in Palmer, who will then advise on the next course of action
- Record details of the contamination
- All accidents, administration of first aid and/or medicine given should be recorded in the accident report book/logs on the intranet Dash board and the Individual first aid book found in the first aid bag/box and reported to Palmer Health Centre.

The records shall include:

- Date, time and place of the accident/incident
- Name and form of the person involved (if a pupil)
- Details of the injury and any treatment or medication that may have been given
- Outcome of accident
- Name and signature of the person or first aider dealing with incident
- All records are kept for a minimum of 7 years. These will be analysed to look for trend and patterns and may:
 - Be useful for future first aid assessments.

- Be helpful for insurance and investigative purposes

In the event of an accident or injury to a pupil one of the pupil's parents must be informed as soon as possible. Parents must be informed of any injury and be given guidance on action to take if symptoms develop and advice on aftercare.

In the event of serious injury or accident requiring emergency medical treatment the pupils House Master/Mistress or nurses in Palmer should telephone the pupils parents as soon as possible.

In the event of a minor injury where appropriate, the first aider should contact Palmer Health Centre either in person, via email or by telephone that day. ***The injury will be logged on the Minor Injury Log on the School intranet.***

Medical conditions such as:

- Anaphylaxis
- Asthma
- Diabetes
- Epilepsy
- Head Injury and Concussion Protocol

have a separate policy which first aiders and staff should be aware of. In the event of a medical emergency with someone who suffers with any of the above conditions appropriate action should be taken in accordance with these policies which are listed as Appendix B of the First Aid Policy and also kept separately within the Palmer Health Centre medical policy folder on the Intranet.

Child Protection

If any concerns are raised that safeguarding implications (e.g., unexplained marks or scars), whilst a person is being treated for first aid, the first aider must inform the designated Child Protection member of staff and then take appropriate action.

Appendix A

First Aid List

1. Trained First Aid Staff

Last Name	First Name	Post	Training Date	Expiry Date
Peach	Lynn	Assistant Nurse	09/02/2021	09/02/2024
Ford	Ben	Head of PE	28/03/2021	28/03/2024
Quinlan	Gary	Maintenance Operative	22/06/2021	22/06/2024
Gillard	Sophie	Health Centre Assistant	30/07/2021	30/07/2024
Eagles	Pam	Head of Shooting	28/09/2021	28/09/2024
Buckland	Matthew	Deputy Head Curriculum	08/12/2021	08/12/2024

Sanderson	Paul	Headmaster	08/12/2021	08/12/2024
Edmunds	Sue	Nurse	14/12/2021	14/12/2024
Moss	Charlotte	Swimming Teacher & Rugby First Aid	14/12/2021	14/12/2024
Needell	Emma	Rugby First Aid	14/12/2021	14/12/2024
Brennon Gates	Claire	Matron in Wilberforce	07/01/2022	07/01/2025
Dales	Jayne	Lower School Assistant	11/01/2022	11/01/2025
Kuhne	Estelle	Library Assistant & Ass HsMs - Raymond	04/03/2022	04/03/2025
Wells	Julie	Receptionist and Administrator	04/03/2022	04/03/2025
Evans	Erin	PA to Deputy, Ass Head, DSL & Compliance Officer	04/03/2022	04/03/2025
Bowden	David	Wilson Housemaster	04/03/2022	04/03/2025
Matthews	Mandi	Matron in Seymour	04/07/2022	04/07/2025
Manning	Lisa	Head of Netball	23/08/2022	23/08/2025
Beck	Judith	Payroll officer	31/10/2022	31/10/2025
Khalid	Tasia	Minibus Driver	31/10/2022	31/10/2025
Ross	Iain	Minibus Driver	31/10/2022	31/10/2025
Seton	Timothy	Estates Manager	31/10/2022	31/10/2025
Rackstraw	Daniel	Electrician	28/11/2022	28/11/2025
Tew	Christopher	Sites Assistant	28/11/2022	28/11/2025
Bowden	Amanda	Maths Teacher	08/12/2022	08/12/2025
Burch	Stella	Senior Nurse	08/12/2022	08/12/2025
Gamble	Graham	English Teacher, CCF & Crake Ass HsMs	08/12/2022	08/12/2025
Shepherd	Adrian	Head of Outdoor Education	08/12/2022	08/12/2025
Smithson	Philip	H&S Manager	08/12/2022	08/12/2025
Andrews	Avril	Assistant Matron - Seymour	06/01/2022	06/01/2026
Goodman	Sarah	Assistant Matron - Wilberforce	06/01/2022	06/01/2026
Greene	Kay	First Aid Support	09/11/2023	09/11/2026
James	Dawn	Assistant Matron - Crake	06/01/2022	06/01/2026
Moon	Julie	Matron - Wilson	27/11/2022	27/11/2025
Raper	Dianne	Textiles Technician & Assistant Matron - Raymond	06/01/2022	06/01/2026
Robinson	Emma	Crake Matron	06/01/2022	06/01/2026
Smith	Karen	Stonehill Matron	06/01/2022	06/01/2026
Turner	Cheryl	Assistant Matron - Egerton	06/01/2022	06/01/2026
Gordon	Victoria	Café Barista	07/01/2023	07/01/2026
Lovering	Richard	Rugby Professional & Ass HsMs - Seymour	10/01/2023	10/01/2026
Lovering (was Pettit)	Nadia	Maths Teacher & Netball Coach	10/01/2023	10/01/2026
Roberts	Connor	Head of Hockey	10/01/2023	10/01/2026
Skevington	Timothy	Head of DT	10/01/2023	10/01/2026
Bull	Matthew	Deputy Head External Communications	03/02/2023	03/02/2026
Coxhead	Nathaniel	Gardener	03/02/2023	03/02/2026
Dales	David	Exam Invigilator	03/02/2023	03/02/2026
Evans	Claire	Head of Geography	03/02/2023	03/02/2026

Heathcote	Sophie	Games Teacher and Ass HsMs of Park Close	03/02/2023	03/02/2026
Chucre	Barbara	Catering General Assistant	28/03/2023	28/03/2026
Cowley	Oliver	Assistant Chef	28/03/2023	28/03/2026
Jenkins	Zara	Assistant Matron in Merton	28/03/2023	28/03/2026
Moore	Claire	Pastry Chef	28/03/2023	28/03/2026
Osborne	Nicholas	Chef	28/03/2023	28/03/2026
Reece (was Gilbert)	Susan	Catering General Assistant	28/03/2023	28/03/2026
Towers	Patricia	Head Chef	28/03/2023	28/03/2026
Wells	Karen	Catering Supervisor	28/03/2023	28/03/2026
Brittin-Snell	Sally	Wardrobe Assistant/Tutor	14/05/2023	14/05/2026
Kaplan	Steven	Lab Technician (Phys)	14/05/2023	14/05/2026
Nisbett	Val	Domestic Manager	15/05/2023	15/05/2026
Guzenda	Nichole	Head of Psychology, Head of Careers	15/06/2023	15/06/2026
Hudson	Robert	Housemaster – Crake & History & Politics Teacher	15/06/2023	15/06/2026
Merris	Jocelyn	Head of Maths	15/06/2023	15/06/2026
Tuttle	Sophie	Matron – Egerton	15/06/2023	15/06/2026
Harvey	Pater	Head of Food Technology	15/06/2023	25/06/2026
Dann	Robert	Head of 3rd Form and Business Studies Teacher	26/06/2023	26/06/2026
Ladds	Alex	Chaplain	25/09/2023	25/09/2026
Webber	Greg	Head of PSHE and Biology Teacher	13/11/2023	13/11/2026
Ladds	Louise	Deputy Head Pastoral	13/11/2023	13/11/2026
Green	Kay	First Aider	13/11/2023	13/11/2026
Quinney	Nicola	Health Care Assistant (Job Share)	23/02/2024	23/02/2027
Starsmore	Julia	Nurse	23/02/2024	23/02/2027
Ladds	Alex	Chaplain	23/02/2024	23/02/2027
Walker	James	Director of Sport	23/02/2024	23/02/2027
Morris	Liz	Matron in Raymond	05/03/2024	05/03/2027
O'Leary	Emily	Maron in Wilberforce	05/03/2024	05/03/2027
Pangborn	Tracey	Domestic Assistant	05/03/2024	05/03/2027
Thompson	Simon	Senior Housemaster; Teacher of Geography; Midweek/Weekend Activities Coordinator	05/03/2024	05/03/2027

2. Competent First Aid Staff (trained by Stuart Sherrington, General Manager - Leisure) in Emergency First Aid, Asthma, Use of AED, Minor Ailments. – Refer to First Aid Register
3. Competent Trained in the use of Automated Emergency Defibrillator - Refer to First Aid Register
4. Competent Trained in Emergency Asthma Inhalers, Diabetes and Medicines Management - Refer to First Aid Register
5. Competent Trained in Diabetes Management - Refer to First Aid Register
6. Trained in Head Injury Protocol. Concussion and Second Impact Syndrome - Refer to First Aid Register

Appendix B

First Aid for Specific Medical Conditions

B.1 First Aid Procedure in Anaphylaxis

Remove the allergen if appropriate

Assess the allergic reaction

Stay calm/reassure person

Call for help and dial 999

Lie the person down and elevate their legs. This increases return of blood to the heart and reduces shock.

If there are breathing difficulties the person may be more comfortable sitting up-assess which seems best for the individual

Give Ventolin inhaler to known Asthmatics.

If the person is unconscious place them in the recovery position

Give Adrenaline using an adrenaline auto injector pen.

- Remove the grey/yellow safety cap.
- If using an EpiPen hold it with the black tip down and jab it firmly into the upper outer thigh (through clothing if necessary).
- If using a Jext pen hold it with the black tip down and press it against the upper outer thigh (through clothing if necessary)
- Hold in place for 10 seconds
- Remove pen and massage site for 10 seconds
- Note the time

Place the pen in a rigid container and give to the ambulance crew

Continue to observe the person and be prepared to carry out basic life support should it become necessary

If there is no improvement within 5 minutes give a second dose of Adrenaline

Inform the next of kin as soon as possible.

Storage of Adrenaline auto-injectors

A pupil prescribed an adrenaline auto-injector will have a minimum of 2 Adrenaline auto-injectors in school, with at least one, preferably two AAI's, kept with them at all times. It is recommended that a

third AAI is provided where possible to be kept in the pupils boarding house. All pupils with severe allergies will have an emergency care plan which should be kept with their adrenaline auto-injectors. Staff will be notified of the location of auto-injectors.

The school keep spare Auto-injectors in Palmer Health Centre, the Dining Room and the White Lion Café.

Adrenaline Auto-injector Pens

- ❖ Must not be used after the expiry date stated on the label of the EpiPen
- ❖ Must be kept in outer carton to protect from light as Adrenaline exposed to light and air deteriorates rapidly and may become pink or brown.
- ❖ Must be checked for the colour of the solution and the presence of particles prior to use
- ❖ Must be replaced if the solution is discoloured or contains particles
- ❖ Must not be refrigerated or frozen.
- ❖ Must be kept below 25 degrees centigrade

Emergency Plan

An allergic reaction may present with one or more of the following symptoms such as generalized flushing of the skin, nettle rash (hives), swelling to face, mouth and throat, difficulty in swallowing or speaking, change in heart rate, sense of impending doom, change in breathing (stridor), feeling of weakness. A mild allergic reaction may resolve spontaneously or following the administration of an antihistamine medication.

An Anaphylactic reaction is likely if the following criteria are met:

- ❖ **Sudden onset and rapid progression of symptoms**
- ❖ **Life threatening Airway and/or breathing and/or Circulation problems**
- ❖ **Skin and/or mucosal changes**
- ❖ **Exposure to a known allergen**

If an anaphylactic reaction is suspected emergency action is necessary.

1. Remove the allergen
2. **IMMEDIATELY CALL FOR AN AMBULANCE AND CONTACT NURSES IN PALMER HEALTH CENTRE – State Anaphylaxis**
3. Position the pupil according to their symptoms
 - If feeling faint/weak lay down with legs elevated
 - If feeling nauseated or unconscious lay in the recovery position
 - If breathing is difficult, they may be more comfortable sitting up
4. Give Ventolin inhaler if indicated on emergency plan
5. Retrieve EpiPens from the appropriate storage point: with the pupil, in dining room or Palmer Health Centre or White Lion Cafe
6. A trained member of staff must give the adrenaline (use EpiPens through clothing, if necessary, into the upper outer aspect of the thigh)
7. Contact the parents

Once the injection has been given signs of improvement should be fairly rapid. It is important to write down what time the injection was given to tell the ambulance crew when they arrive.

Place the EpiPen/jext pen in a rigid container and give to ambulance crew to take to hospital or to dispose of safely. Continue to observe the pupil and be prepared to give CPR if their condition deteriorates

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice	• Wheeze or	• Pale or floppy
• Difficulty swallowing	• persistent cough	• Suddenly sleepy
• Swollen tongue		• Collapse/unconscious

B.2 First Aid procedure in Asthma

The usual symptoms of Asthma are:

- coughing especially at night, first thing in the morning and after exercise
- wheezing
- breathing difficulty
- tightness in the chest.

An **Asthma attack** is occurring if the asthma symptoms are getting worse and do not go away when the blue reliever inhaler is used. An Asthma attack may develop very rapidly over a few minutes, or it may take a few hours or even days to happen. An Asthma attack may be mild, moderate or severe. Common triggers include cold weather, pollen, chlorine, smoke, fumes etc.

Symptoms of a **mild** asthma attack:

- cough
- wheeze when breathing in and out
- some shortness of breath
- still able to speak in full sentences between breaths
- difficulty eating or drinking
- difficulty sleeping

Mild Asthma attacks are the most common. Usually, the airways open up within a few minutes to a few hours after treatment. It is important to recognise and treat even mild symptoms of an Asthma attack to keep Asthma under control and help prevent severe episodes. Without immediate Asthma treatment, breathing may become more laboured, and wheezing may get louder.

Symptoms of a **moderate** asthma attack:

- continual cough
- younger children may vomit
- rapid breathing
- moderate to loud wheeze
- obvious difficulty breathing
- only able to speak in short phrases between breaths
- chest pain/pressure
- feeling of anxiety

Symptoms of a **severe** asthma attack:

- severe difficulties breathing
- can speak no more than a few words at a time
- wheeze is often quiet
- sucking in of the throat and rib muscles
- pale and sweaty
- may have blue lips
- very distressed and anxious

As the airways continue to tighten during the asthma attack there may not be enough air movement to produce wheezing. This is sometimes called the "silent chest," and is a dangerous sign. Anyone affected should be taken to hospital immediately. Unfortunately, some people interpret the disappearance of wheezing during an Asthma attack as a sign of improvement and fail to get prompt emergency care.

If someone does not receive adequate treatment during an Asthma attack, eventually they may become increasingly blue around the lips showing that there is not enough oxygen in the blood. At this point there is a risk of loss of consciousness and even death.

Treatment

If a student is having a severe asthma attack an ambulance should be called (dial 999) immediately.

1. Inform Palmer Health Centre staff
2. Help the pupil to sit down in an upright position or leaning slightly forward, loosen tight clothing and encourage them to take slow, steady breaths.
3. Stay with the pupil and reassure them
4. Help the pupil to take one to two puffs (30 seconds apart) of the inhaler (usually blue), immediately and using a spacer device if available.
5. If asthma symptoms occur whilst exercising, stop, use the reliever inhaler and wait five minutes before starting again.
6. If there is no improvement, encourage the pupil to take two puffs of the reliever inhaler (one puff at a time) every two minutes up to ten puffs
7. If there is no improvement after administering the inhaler as directed or if there are symptoms of a severe Asthma attack developing call an ambulance (dial 9 999 from school internal phones)

8. Continue to try and reassure the pupil and repeat the use of the inhaler at point 6. Inform the pupil's parents
9. Continue to monitor breathing and level of response. If they become unresponsive be prepared to give CPR

B.3 First Aid Procedure with Diabetes

There are two main types of diabetes.

Type 1 Diabetes

Type 1 diabetes develops if the body is unable to produce any insulin. Insulin is a hormone which helps the glucose to enter the cells where it is used as fuel by the body. Children or young people need to replace their missing insulin, so will need to take insulin (usually by injection or pump therapy) for the rest of their lives. They also need to eat a healthy diet that contains the right balance of foods: a diet that is low in fat, sugar and salt and contains plenty of fruit and vegetables.

Type 1 diabetes usually appears before the age of 40 years and most pupils will have Type 1 diabetes and accounts for around 10% of all people with diabetes

Type 2 Diabetes

Type 2 diabetes develops when the body can still make some insulin, but not enough, or when the insulin that is produced does not work properly (insulin resistance). In many cases this is linked with being overweight and usually occurs in people over the age of 40 years. However recently more children and young people are being diagnosed with this condition. Type 2 diabetes is the more common to the two main types and accounts for 90% of people with diabetes.

Signs and Symptoms

If diabetes goes untreated the body starts breaking down its stores of fat and protein to try to release more glucose but this glucose still cannot be turned into energy and the unused glucose passes into the urine. This is why children and young people with untreated diabetes often pass large amounts of urine, are extremely thirsty, may feel tired and lose weight.

Signs of Hypoglycaemia (hypo)

Hypoglycaemia occurs when the level of glucose falls too low (<4mmol/l). Signs of a **hypo** vary from pupil to pupil and may include any of the following:

- Hunger
- Feeling faint
- Trembling or shakiness
- Sweating
- Anxiety or irritability
- Fast pulse or palpitations
- Tingling of the lips
- Blurred vision or glazed eyes
- Paleness
- Mood change – especially angry or aggressive behaviour

- Difficulty concentrating
- Vagueness
- Drowsiness

A hypo may occur if a pupil has taken too much of their diabetes medication, delayed or missed a meal or snack, not eaten enough carbohydrates, taken part in unplanned or strenuous exercise or the pupil has been drinking alcohol especially without food. Hypos are usually unexpected, sudden, rapid, without warning and unpredictable. Do not blame the pupil. A hypo kit should be provided by the parents/guardian.

All staff need to know where the emergency hypo kit is kept (in House/Palmer HC/Dewey/on pupil)

Signs of Hyperglycaemia (hyper)

Hyperglycaemia occurs when the level of glucose becomes too high (>10mmol/l) and stay high. Signs of a **hyper** do not appear suddenly but build up over a period of time and may include any of the following:

- Thirst
- Frequent urination
- Tiredness
- Dry skin
- Nausea
- Blurred vision
- Confusion

If a pupil with diabetes starts to develop these signs and symptoms it means that their body is beginning to use its store of fat as an alternative source of energy, producing acidic by products called ketones. This is due to a relative lack of insulin causing the blood glucose to rise. Ketones are very harmful, and the body tries to get rid of them through the urine.

Some children can become unwell with hyperglycaemia but show no symptoms

Ketoacidosis

If the early signs and symptoms of hyperglycaemia are left untreated the level of ketones in the body will continue to rise and “ketoacidosis” will develop.

Ketoacidosis is recognised by symptoms such as:

- Vomiting
- Deep and rapid breathing (over-breathing)
- Breath smelling of nail polish remover/pear drops

If left untreated, a pupil experiencing diabetic ketoacidosis (DKA) will eventually become unconscious and a coma will develop – this can be life threatening.

Emergency Treatment

Hypoglycaemia – low blood sugar (<4mmol/l)

If the pupil is conscious and able to swallow, immediately give something sugary, a quick acting carbohydrate such as:

- Glass of Lucozade, coke or other non-diet drink
- Three or more glucose tablet
- A glass of fruit juice
- Five sweets e.g. jelly babies

The exact amount needed will vary from person to person – refer to individual care plans. Each pupil who is diabetic should carry a hypo kit provided by parents/guardian. A spare should be kept in house and Palmer HC. A pupil should be treated where they are and not asked to walk to Palmer HC for treatment as this uses energy which will lower the blood sugar further.

For a pupil who injects insulin and is not on a pump a longer acting carbohydrate will be needed to prevent the blood glucose dropping again:

- Roll/sandwich
- Portion of fruit
- Cereal bar
- Two biscuits e.g. garibaldi, ginger nuts
- A meal if it is due

If the pupil still feels hypo after 15 minutes something sugary should again be given.

If symptoms are severe, they can be temporarily disabling, and the assistance of another person is required to treat the hypo. During a severe hypo the pupil has impaired consciousness, is unconscious or may have a convulsion. As the pupil is unable to swallow nothing should be given by mouth. To treat a pupil with a severe hypo staff should:

- Stay with the pupil at all times
- Check the airway is clear
- Put the pupil on to their side in the recovery position
- Call for help (999) and Palmer HC staff who hold an emergency medical pack.
- Inform the parents

If a pupil is unconscious do not give them anything to eat or drink and call for an ambulance immediately (dial 999), contact Palmer Health Centre staff and advise parents as appropriate.

Hyperglycaemia – high blood sugar (>10mmol/l)

This may be due to too much food, not enough insulin, stress or illness. If the pupil is wearing an insulin pump, immediate action is required if a high blood glucose level is suspected in case of pump failure/blockage. The health care plan should state clearly the action required.

Call Palmer Health Centre staff immediately.

Call the pupil's parents who may request that extra insulin be given

The pupil may feel confident to give extra insulin stay with pupil. Monitor their breathing, pulse and level of response and be prepared to start CPR

If the following symptoms are present, then call the emergency services:

- Deep and rapid breathing
- Vomiting
- Breath smelling of nail polish remover/pear drops

Administration of medication

It is recognised by the Department of Education document 'Supporting Pupils with Medical Needs' (Department of Education and Employment 2003) **that staff have no legal obligation to administer medication, except in an emergency.**

If staff choose to be involved in the administering of diabetes medication, they will need access to up to date information and training. This will be managed by specific pupil need.

B.4. First Aid Procedure in Epilepsy – to be read in conjunction with the Epilepsy Policy

Epilepsy

When a person is diagnosed with epilepsy, it means they have a tendency to have seizures (sometimes called fits). Epilepsy is usually only diagnosed after the person has had two or more seizures.

Electrical activity is happening in our brain all the time. A seizure happens when there is a sudden burst of intense electrical activity. This is often referred to as epileptic activity. This intense electrical activity causes a temporary disruption to the way the brain normally works, meaning that the brain's messages become mixed up. The result is an epileptic seizure.

There are many different types of seizure and each person will experience epilepsy in a way that is unique to them.

Types of Seizure

Focal (partial) seizures

In these seizures the epileptic activity starts in just a part of your brain. You may appear to be alert during this type of seizure, or you may not be aware of what is happening. You may have movements that you can't control, or unusual sensations or feelings. Sometimes, onlookers may not be aware that you are having a seizure.

Focal seizures can be very brief or last for minutes. Sometimes, epileptic activity starts as a focal seizure, spreads to the rest of your brain and becomes a generalised seizure.

Generalised seizures

These seizures involve epileptic activity in both hemispheres (halves) of your brain. You usually lose consciousness during this type of seizure, but sometimes it can be so brief that no one notices. The muscles in your body may stiffen and/or jerk. You may fall down.

Action to be taken by school to manage and support Epileptic pupils

1. Parents asked to complete initial health questionnaire and consent form
2. Palmer Health Centre staff will identify pupils with epilepsy
3. For new pupils to school or newly diagnosed epileptic pupils a meeting will be arranged between the pupil and parents and Health Centre staff in order to:
 - ❖ obtain a more detailed history of the epilepsy and the current management of the condition
 - ❖ request copies of any medical correspondence with regard to the pupils Epilepsy and treatment
4. A care plan will be formulated to include:
 - ❖ Confirm the type of seizures
 - ❖ identification of possible triggers
 - ❖ management of warnings and auras
 - ❖ strategies for avoidance of triggers if possible
 - ❖ Signs and symptoms of seizures
 - ❖ Emergency treatment in the event of an Epileptic seizure
 - ❖ Long-term medication prescribed to reduce seizures.
5. The care plan will be shown to parents and they will be asked to give written permission for the care plan to be shared with school staff
6. The care plan will be circulated to the appropriate staff
7. The Health Centre staff will update the information available to staff with regard to pupils Epilepsy and review health care plans annually or sooner if required.
8. Health Centre staff will provide training to staff for first aid management of seizures if they occur and keep a record of the training given.

School responsibilities

1. Ensuring all relevant staff know which pupils in school are Epileptic
2. Ensure a safe environment for the pupil to learn in
3. Ensure that any use of flashing lights, strobe lighting or the use of flash photography is considered if epileptic pupils are involved in this environment and an appropriate risk assessment in liaison with the health centre is carried out.
4. Support the training of school staff to enable them to recognise and manage an Epileptic Seizure competently.

Treatment

If a pupil is having a first seizure, prolonged epileptic seizure, or is experiencing breathing restriction during the seizure an ambulance should be called (dial 999) immediately

1. Inform Palmer Health Centre staff
2. Stay calm

3. Stay with the pupil and reassure them
4. If the pupil is convulsing place something soft under their head if possible, loosening their tie/clothing at the neck.
5. Protect the pupil from injury (remove harmful objects from nearby)
6. NEVER try to put anything in their mouth or between their teeth.
7. Try and time how long the seizure lasts – if it lasts longer than usual for that pupil or continues for more than 5 minutes an ambulance may be required
8. When the pupil finishes their seizure stay with them and reassure them.
9. Do not try and move the pupil unless they are in danger.
10. Do not try and restrain the pupil.
11. Do not give them food or drink until they have fully recovered from the seizure.
12. Aid breathing by gently placing the pupil in the recovery position and opening their airways once the seizure has finished
13. Inform the pupil's parents

Sometimes a pupil may become incontinent during the seizure. If this happens, try and put a blanket round them when their seizure is finished to avoid potential embarrassment.

It is likely that the pupil will need to rest post seizure which should be in Palmer Health Centre.

B.5 First Aid Procedure with a Head Injury and Concussion - This should be read in conjunction with the Palmer Health Centre Standard Operating Procedure for Head injuries (attached)

For the purposes of this guideline:

- **Head injury** is defined as any trauma to the head which may or may not include injury to the brain.
- **Concussion** is the sudden but short-lived **loss of mental function** that occurs after a blow or other injury to the head.

Head injuries in school pupils often occur during **contact sports** such as rugby but they can also occur in other activities such as falls, road traffic accidents, home and work-related accidents. Any Pupil with suspected head injury/concussion should be immediately removed from the field of play. They should not return to play until medically assessed.

Any Pupil with suspected head injury/concussion should be immediately

First aid requirement

- Take to Palmer Health Centre if walking wounded
- Carry out full assessment and observations
- Monitor in Health Centre until fit to return to school, home or for further medical intervention e.g. A and E
- Ensure coach is aware of pupil's games status
- If a pupil is returning to House, ensure the House staff are aware that the pupil has had a head injury
- Contact parents to advise re head injury and games/activity status
- Give pupil head injury advice sheet and ensure they are aware that any change or escalation in symptoms should be reported to health care professional (Appendix I)

Symptoms of Concussion

- Headache
- Dizziness/Drowsiness
- Nausea, vomiting
- Eyes - Loss of vision, seeing double or blurred, seeing stars or flashing light
- Ears - Ringing in the ears (Tinnitus) or new deafness to one or both ears
- Poor coordination or balance, staggering around or unsteady on feet
- Slurred or slow speech
- Poor concentration
- Memory loss
- Irritability/confusion/agitated
- Strange or inappropriate emotions (i.e. laughing, crying, getting angry easily)
- Loss of Consciousness

Observe for Red Flags

- Complaining of neck pain
- Increasing confusion or irritability
- Repeated vomiting
- Seizure or convulsion
- Weakness or tingling/burning to arms or legs
- Deteriorating level of consciousness
- Severe or increasing headache
- Unusual behaviour change
- Double vision

If assessment is not normal and signs and symptoms are of any concern or the pupil deteriorates call an ambulance and stay with the pupil until the ambulance arrives.

Management

All pupils with concussion or suspected concussion are referred to the School Medical officer for assessment. If concussion is diagnosed RFU guidelines for Gradual Return to Play will be followed which enforces a period of rest before a gradual return to activity before contact sport can be played again. If symptoms return at any point in the process further review with the Medical Officer will be required.

The treatment for concussion involves mainly monitoring and rest.

The majority of concussions (80-90%) resolve in a short (7-10 days) period and symptoms usually fully resolve within 3 weeks.

This time frame can be longer particularly in children and adolescents and symptoms may persist or complications occur

Repeated concussions can cause severe complications and significant injury such as **second-impact syndrome**.

Physical and cognitive rest are the crucial factors which will assist in symptoms resolving, followed by a graded return to play with School Medical Officer advice. The injured pupil must not return to play on the same day as the injury

The history of the head injury or concussion from the player, coach or spectator is very important and can assist the health care professional make decisions about treatment, further assessment, and the timing for return to play. Gradual return to play is clearly defined for children and adolescents who have concussion from a rugby related injury.

STANDARD OPERATING PROCEDURE

PALMER HEALTH CENTRE MUST ENSURE THAT A PROCEDURE EXIST FOR THE FOLLOW UP OF HEAD INJURIES

APPLICATION

This applies to Palmer Health Centre (PHC) at Bloxham School

AIM

To ensure that all pupils who have had a head injury are appropriately assessed, and once fit for return to sport communication with the sports coaches/head of rugby takes place to establish that their return is being appropriately monitored in line with GRTP (RFU)

CURRENT POSITION

Palmer Health Centre has in place a set of internal controls and management systems that provide reasonable assurance that:

1. Pupils will be assessed post injury
2. School Medical Officer will see the pupils
3. Return to sport is managed between Palmer Health Centre and the sports staff responsible for the pupil concerned

PROCESS

Any pupil with a suspected concussion/head injury should **be IMMEDIATELY REMOVED FROM THE FIELD OF PLAY**. They should not return to play until they have been medically assessed

All head injuries must be referred to Palmer Health Centre of seen pitch side for assessment and advice

Reporting:

A pupil will attend Palmer Health Centre following a head injury. This will be referred in several ways:

- Pupil attend PHC to advise of head injury

- Coach reports head injury has taken place and escorts or refers pupil to PHC
- Parent may advise PHC/Bloxham School staff that their child has had a head injury out of school

Nurse/Clinical Assessment:

- Immediate visual assessment of fitness to sit or lie down for assessment – assess level of consciousness
- History of Mechanism of Injury taken – from pupil if able to recall
- Observations to include
 - Vision (pupils) assessment, - visual disturbance, pupil size and reaction, sensitivity to light
 - Blood Pressure,
 - Pulse,
 - Sats,
- Examination of head/neck for
 - Establish if neck pain and any changed sensations
 - Laceration/bruising
 - Swelling/bump
- Instructions for Tandem Stance to assess co-ordination – toe to heel walking if fit to stand
- Memory function – Short and long term memory recall
- Treat pain/headache
 - Analgesia
 - Ice
 - Reassurance
- Assess emotional state
 - Irritable
 - Confused
 - Tearful
 - Anxious
 - More emotional
 - Sadness

Initial Actions

1. Fit for school
2. Email house and parents with head injury advice (Appendix I)
3. Book Doctors appointment for assessment
4. Off games – put on off games list
5. Contact parents to collect if not fit for school and advise if they need to attend A and E or observe
6. If remaining in school arrange to review as appropriate

Emergency response

Observe for Red Flags

- Complaining of neck pain

- Increasing confusion or irritability
- Repeated vomiting
- Seizure or convulsion
- Weakness or tingling/burning to arms or legs
- Deteriorating level of consciousness
- Severe or increasing headache
- Unusual behavior change
- Double vision

If assessment not normal and signs and symptoms are of any concern or the pupil deteriorates call an ambulance and stay with the pupil until the ambulance arrives.

Management following Medical Officer Assessment

1. May return immediately to all sport if no signs of concussion and asymptomatic
2. May need further appointment to review if all symptoms have not resolved – advice will follow regarding fitness for sport
3. If concussion diagnosed RFU guidelines will be followed and pupil will be assessed prior to resuming any activity
4. Medical Officer will advise if pupil to resume sport via Gradual Return to Play (GRTP)
5. If a pupil is to return to a GRTP programme the coach and Head of Rugby must be emailed to advise this plan of action
6. GRTP programme will commence and Coach/Head of Rugby will advise PHC if during this process symptoms return after stopping the GRTP programme
7. If symptoms return await further review with School Medical Officer
8. GRTP without symptoms can complete and return to all sporting activity

OFF GAMES LIST ENTRY

Initial entry – Head Injury No sport Dr apt ddmmyy

If fit for sport will be removed from Off Games list once seen by School Medical Officer

If not fit for sport further review date with the Dr will be indicated

Review entry – GRTP and the date this can commence ddmmyy and an end date will be indicated for return to full activity

N.B GRTP referral must take place and all activity stop if symptoms return with the coach or head of rugby during programme

EVIDENCE FILE

1. Entry in health records
2. Complete accident form and send to coach
3. Head injury advice slip

4. Off games slip indicating plan
5. Off games computer list

APPENDIX I

Bloxham School

ADVICE FOLLOWING A MINOR HEAD INJURY



It is quite usual to have a mild headache following a minor head injury, however, should any of these symptoms occur you should seek medical advice.

- Severe Headache
- Persistent Vomiting
- Confusion or Loss of Memory
- Drowsiness
- Visual disturbances or Blurred Vision
- Slurred Speech
- Bleeding or clear fluid leakage from the Ears or Nose
- Dizziness
- Poor Co-ordination