



FIRST AID POLICY

1. Introduction
2. First aid equipment requirements
 - First aid kit exact locations
3. Dayroom working practice
4. Accident and incident reporting
5. Accident and illness record keeping
6. Administration of epi-pen
7. First aid for someone having an asthma attack
8. First aid for seizures in adults
9. First aid for seizures in children
10. First aid for someone in a diabetic hypoglycaemia episode

Introduction

At St Hugh's School, our First aid Policy is :-

1. To help with common injury or illness
2. The safety of children and staff
3. 24 hour care and safety of boarders
4. Care of individual medical needs and requirements in particular diabetics, epileptics, asthmatics, allergic reactions and any other conditions that may arise.
5. Pay specific attention to potential areas of danger ie

Science laboratories.

Sports fields,

play areas

design technology .

Kitchens

In order to achieve this we will ;

1. Have an appointed first aid trained person on duty 24 hours a day while school is open. Please see attached list.
2. Have the correct equipment and information available to deal with any emergency. Please see attached equipment details.
3. Each of the above departments complete their own risk assessments, which specify any special 1st aid equipment required, which is then provided.
4. Have an emergency service guide by each outside telephone line.

Should emergency services be required a member of staff would be sent to the main entrance to escort them to the correct location.

First Aid equipment requirements

First aid boxes/bags are all green with a white cross.

St Hugh's School has three matrons who are all British Red Cross trained.

1 full time senior matron	Mrs Janet Allen
1 full time matron	Mrs Denise Pargeter
1 resident matron	Mrs Julie Husband

A full list of staff 1st aid training attached.

On residential trips a first aider will accompany pupils when possible.

It is also policy to have a number of staff trained in the NaRS pool safety award.

The matrons on duty are based in the dayroom and can also be contacted by internal mobile phone on number 766. This number is displayed on the dayroom door which is always open for access to the phone.

Other than the main medication cupboard in the day room, there is a drug safe on the boys and girls dorms with a combination lock that only the boarding staff know and a locked cupboard on the boys landing with basic first aid supplies etc. **Only Matrons have the keys.**

The first aid containers are checked at the end of each term or when the bags have been taken out to matches/outings and restocked as necessary. Expiry dates are checked and recorded by **Mrs Denise Pargeter.**

Please see attached list of containers and their locations.

There is a First Aid container for each level of each building - Sports hall, Science laboratories, Design Technology and in each mini bus. Two first aid bags are kept in the dayroom for matches and outings and are given out on request.

An extra first aid bag is kept in pre-prep for staff to take out during break times for minor cuts and grazes and this is replenished on request.

Exact Locations of First Aid Kits

Day Room	By right hand window ledge
Middle School	In the Staff room on the window sill
Pre Prep	In the Staff toilet lobby
Staff room	On the shelves next to the kitchen
Junior Science	On the shelves to the left of the door
Senior Science	On the shelves to the left of the door
DT	On the shelves to the right of the right hand door
Sports hall	On the corridor next to the entrance to the hall
Cabin	On the table in the far left hand corner
Pavilion	Behind the door
Mini bus 1	On the shelf above the front seats
Mini bus 2	On the shelf above the front seats

Day Room Working Practice

The Day Room is situated in the manor house opposite the main dining room next to the kitchen. There is a matron on duty 24 hours a day when there are children in school. If there is no one in the day room there is an internal mobile telephone number on which a matron can be contacted. This is displayed clearly on the dayroom door and access to a telephone is available.

There are two metal locked cupboards in the dayroom for medication, including Inhalers and Epi-pens. There is also a lockable fridge for the medication that needs cool storage.

The dayroom has a sink with running hot and cold water. The cold tap is drinking water. There is a supply of drinking cups which are cleaned in the kitchen dishwasher after use. There is a disposable paper towel dispenser above the sink with a hibiscrub handwash for general use.

The nearest w.c. is in the music department or the Tom Young building fairly close by.

There is a supply of disposable gloves and aprons and masks for the protection of the first aider and the casualty and must be worn when dealing with open wounds and body fluids.

Provision for the disposal of anything contaminated with body fluid is made with a hazard bin provided by a contract with **Attack Hygiene**.

There is a supply of individually wrapped plasters, sterile dressings, bandages, and wound pads for more serious injuries.

Every visit by a child is entered onto the treatments section of Schoolbase, **parents and teachers** are informed and an accident form completed, if the injury is significant.

Staff accidents are reported through the Matrons, and entered into the Green Accident report book compliant with all current legislation.

We have a resident matron who lives in a flat on the boys' dormitory corridor and can be contacted through the night by either ringing her doorbell or buzzing.

We also have resident houseparents situated on the first level of the manor close to the girls' dormitories.

Accident or incident reporting

Accident or medical incidents should all be reported to matron on duty in the day room.

Depending on the degree of the injury the matron will take the following steps:-

- Minor accidents, minor cuts and bruises due to children falling over at play or in games will be treated in the day room and entered onto the treatment section of Schoolbase as with minor ailments, sickness, headaches, colds etc. Parents and staff are informed as necessary.
- If the accident is of a more serious nature and medical intervention is necessary or if the incident is due to misuse of equipment, or possible bullying, after first aid is administered, parents contacted or child was taken to A&E or GP the incident is entered into the treatment section of Schoolbase and an accident report is filled out. An e-mail is sent to the headmaster. An accident report summary is given to the bursar at the beginning of each term at the H&S meeting.
- **If the accident or incident is in connection with working practice or equipment or physical violence causing major injury including fractures (other than fingers thumbs and toes) amputations, dislocation of shoulder, hip, knees, or spine, loss of sight (either temporary or permanent) or other injury sustained that takes more than a three day recovery will be reported under RIDDOR.**
The Headmaster and Bursar would be notified straight away.
- If the accident is thought to be from the misuse of equipment, fighting or bullying, then after first aid is administered the incident would be reported to Mr Avery or one of the other deputy heads.

Accident and illness record keeping

All accidents and illnesses should be reported to matron in the dayroom and will be logged in to the Treatments Section of Schoolbase.

If a child requires medication for illness/injury a treatment advice sheet will be completed and sent home with the child unless we have contacted parents directly.

Form teacher would be made aware of the child's visit to matron.

Administration of medication (Epi-pen)

At the time of writing this policy, we have two children with severe nut reaction and dependant on an epi-pen for the onset of anaphylactic shock. We also have a number of pupils with a minor allergy to nuts.

We would keep in the dayroom **two epi-pens** for each child

It is the policy of the school to serve nut free food.

If a pupil with an allergy goes out of school on trips, outings, matches the leader of the outing will have this information on a medication/condition list for staff. The epi-pen will be ready with the list in the dayroom prior to departure.

All the staff receive regular INSET training on the use of an epi-pen should this be necessary. The latest such training was in April 2009.

Signs and Symptoms of ANAPHYLACTIC SHOCK

- Difficulty breathing
- Swollen face and neck
- Vomiting
- Red and screaming/pale and floppy
- Losing consciousness

First Aid

1. Grasp epi-pen in dominant hand with thumb closest to grey cap
2. With the other hand pull off the grey safety cap
3. Hold the epi-pen from a distance of approx. 10 cm away from the outer thigh
4. Jab firmly into outer thigh so that the epi-pen is at the right angle to the outer thigh
5. Hold in place for 10 seconds
6. Massage the injection area for about 10 seconds
7. Call 999 or take to the nearest hospital

There may be side effects from the epi-pen including:

Rapid action of the heart	Dizziness	Apprehension
Problems with breathing	Weakness	Sweating
Nausea	Vomiting	Headache
Tremor	Anxiety	

First aid for someone having an asthma attack

Children with asthma will have a minimum of **two inhalers** in school

Salbutamol /Ventolin is a bronchodilator and works by widening the airways in your lungs to allow air in and out. This helps you to feel less breathless, wheezy, or tight-chested.

Children

Help the child into a position that is comfortable to them, sitting slightly forward and supporting the upper body by leaning the arms on a firm surface, if possible. Keep calm and reassure child. Allow child to use their inhaler, it should take effect within minutes.

To relieve asthma symptoms such as wheezing, breathlessness and tightness of chest the child should take one puff as a starting dose; this may be increased to two puffs if necessary.

Do not give inhaler more than 4 times daily.

If the attack is severe and the inhaler has no effect after 5 minutes or if the child is getting worse seek medical help.

Seizures in Adults

Recognition

- Sudden loss of consciousness
- Rigidity and arching of back
- Convulsive movements
- Muscle relaxation
- Regaining of consciousness
- Grey-blue tinge to skin

First Aid

1. Protect casualty
2. Try to ease fall
3. Talk to them calmly and reassuringly
4. Clear away any potentially dangerous objects to prevent further injury
5. Ask bystanders to keep clear
6. If possible, cushion the casualty's head with soft material until the seizures cease
7. Undo any tight clothing around casualty's neck
8. Once the seizures have stopped, open the airway and check breathing, then place the casualty in the recovery position
9. Monitor and record vital signs, level of response, pulse and breathing

Precautions

1. Do not force or restrain the casualty
2. If the casualty is unconscious for more than 10 minutes, or is having repeat seizures, or it is their first seizure, dial 999

Note the time and length of the seizure

Seizures in Children

1. Protect child from injury. Clear away any objects and surround the child with soft padding.
2. Loosen clothing.
3. If child is very hot start cooling down by tepid sponging.
4. If possible time the length of the seizure.
5. Once the seizure has stopped open airway and check breathing, then put the child into the recovery position.
6. Dial 999 for an ambulance.
7. Monitor and record level of response, pulse, and breathing until help arrives.

Hypoglycaemia: low blood sugar in diabetics

Recognition

There may be:

- Weakness, faintness, or hunger
- Palpitations, and muscle tremors
- Strange actions or behaviour; the casualty may seem confused or belligerent
- Sweating and cold, clammy skin
- Pulse may be rapid and strong
- Deteriorating level of response

Your aim

1. To raise the blood sugar as quickly as possible.
2. Help the casualty to sit down. Give them a sugary drink, sugar lumps, chocolate or any other sweet food; alternatively, if they have their own glucose gel help them take it.
3. This may bring them round enough to manage a longer lasting carbohydrate to sustain their sugar level.
4. To obtain medical aid if necessary.

WARNING

If consciousness is impaired, do not give the casualty anything to eat or drink

If the casualty is unconscious open the airway and check breathing; be ready to give chest compressions and rescue breaths if necessary. If breathing, place him/her in recovery position

DIAL 999 FOR AN AMBULANCE

Reviewed: September 2011

Review date: September 2012