

First Aid Policy

THIS POLICY REFERS TO ALL STUDENTS INCLUDING THOSE IN EYFS

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1. Policy Statement

Nottingham High School will undertake to ensure compliance with the relevant legislation with regard to the provision of first aid for students, staff and visitors and will make sure that procedures are in place to meet that responsibility.

Please read along side the Administration of Medicines Policy.

2. Aims

- To ensure that where individuals have been injured there are suitable mechanisms in place to provide remedial treatment.
- To ensure that first aid provision is available at all times when people are on School premises, and also off the premises whilst on School trips

3. Objectives

- To appoint the appropriate number of suitably trained people as First Aiders and Appointed Persons to meet the needs of the School and to maintain current qualifications for those people
- To ensure that within the Early Years Foundation Stage [EYFS] at least one person with a current paediatric first aid certificate is on the premises at all times when children are present and accompanies children on outings. The course content will cover that required for St John Ambulance or Red Cross paediatric first aid training, and be renewed every three years
- To provide relevant training and ensure monitoring of training needs
- To provide sufficient and appropriate resources and facilities
- To inform staff and parents of the School's first aid arrangements
- To keep accident records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 [RIDDOR]

4. How to contact the School Nurse/First Aider

The School Nurse can be contacted internally on ext. 207 or on 07469 857531 from 08:00am – 4.30pm. The Wellbeing Centre Reception on ext. 254 should be contacted if the School Nurse is not available. A list of First Aid trained members of staff is available at the Wellbeing Centre Reception and the Senior School Reception.

5. Medical Facilities

The School is required by the Independent Schools Standards Regulations to ensure that suitable accommodation is provided in order to cater for the medical and therapy needs of students. The School's nominated accommodation is the Medical Room within the Wellbeing Centre. At the Valley Road playing fields, this accommodation is provided by the sick room. Where appropriate, students from the Junior School and Lovell House will be brought to the Medical Room within the Wellbeing Centre for examination, treatment or care. Where this is not possible or appropriate, the School Nurse will use suitable accommodation made available for the purpose at the Junior School or Lovell House.

6. Accident Procedure

1. An adult at the scene of an accident needs to make a quick assessment of the severity of the accident.
2. Small cuts and grazes
 - a. Small cuts and grazes occurring during a lesson can be cleaned and a plaster applied if the injury occurs in an area where there are first aid boxes eg Art, DT, Science, Swimming Pool, Music, Dining Room and Sports Hall. This enables the lesson to continue with the minimum disturbance to the teacher or class. However, the student must attend the Medical Room at the end of the lesson to have his or her cut or graze checked by the Nurse.
 - b. Students who sustain an injury of this type at School outside lessons should be told to report directly to the Nurse.
 - c. At the Infant School, small cuts and grazes will be attended to by a First Aider and the Nurse will be asked to attend to assess any wound of concern to the First Aider.
 - d. At the Junior School, small cuts and grazes will be attended to by a First Aider and the Nurse will be asked to attend to assess any wound of concern to the First Aider
3. These procedures also apply at Valley Road and students should attend the School Medical Room on their return to school.
4. Serious Injuries are any injuries that may require a qualified First Aider or medical attention
 - a. If possible, the person with the casualty should call an ambulance [e.g. via mobile phone] as the Ambulance control will want full details of the casualty's condition]; dispatch another member of staff to meet the ambulance and direct it to the incident.
 - b. For lesser emergencies send a message to Reception and ask for the Nurse to be summoned immediately. Jane Potter, School Nurse is available on ext. 207 or 07469 857531. Use a 9 999 after the switchboard closes at 5pm.
 - c. At both the Infant and Junior Schools, the messenger should be an adult.
 - d. At Valley Road, staff should contact the emergency services directly where it is not practical to summon the Nurse from School.
 - e. Stay with the casualty while waiting for assistance.
5. Accident Report [Forms](#) must be completed for all injuries by the person who dealt with the injury.

7. Illness

Any student feeling unwell in the Senior School should be sent to the Medical Room accompanied by another student who should be told to return as soon as the student is received by the Nurse. If the Nurse is not in her room, the escort should immediately contact Wellbeing Reception. Any student having difficulty with breathing, dizziness, or feeling faint must remain with a teacher or other member of staff. A messenger should be sent to fetch the Nurse. At

the Infant and Junior School, the class teacher or duty teacher will assess the child and contact the Nurse to attend where necessary. The Wellbeing Reception should be contacted immediately if she is not in the Medical Room. At both the Infant and Junior Schools, an adult should be sent to alert Reception of the need to call the Nurse.

8. First Aid Training and Qualifications

There will, at all times when students are at School, be at least one person on each School site qualified to a minimum level of Appointed Person. An Appointed Person is defined as a person who has successfully completed a suitably approved 1-day course First Aid course. At the Infant School this will be a person trained in paediatric first aid. Where a first aider wishes to continue as such, qualifications are updated every three years, or shorter period where required for specialist qualifications. A list of staff qualified as First Aiders and Appointed Persons is kept up to date and made available on the Medical Pages on SharePoint. A list of First Aiders is also kept at the Senior School Reception and at the Wellbeing Centre Reception. The School Nurse is a qualified Register Children's Nurse (RNC).

9. Off Site Visits

The first aid requirements specific to off site visits are to be found in the Off-Site Visits Policy.

10. Location of First Aid Kits, Defibrillators, Spare Emergency Inhalers and AAI pens

Location of First Aid Kits

First aid kits are available at the following locations and are kept up-to-date by the School Nurse:

Senior School:

- The Medical Room in the Wellbeing Centre
- Reception
- Student Services Reception
- The Sports Hall office
- Swimming Pool office
- Science Prep Rooms
- DT workshop
- Food and Nutrition Kitchen
- Ristes Garage (maintenance workshop)
- Art department
- Music department
- Staff Room
- Kitchen
- Sixth Form Centre
- Founder Hall Drama Department

Junior School

- Science Lab
- Staffroom
- 'Bumbags' available at break times

Infant School

- Reception
- Hall
- Kitchen
- First Aid store cupboard in the cloakroom
- 'Bumbags' available at break times

Valley Road

- Pavilion sick room

Hockey Centre

Pavilion

Off-site visits

Portable first aid kits are available from the School Nurse.

Location of Defibrillators:

- Outside Student Services (North Corridor)
- Security Cabin (Junior School entrance off Waverley Street)
- Swimming pool office
- Valley Road Pavilion

Location of Spare Emergency Inhalers:

- Infant School – First Aid store cupboard in the cloakroom
- Junior School – Staffroom
- Sports Hal – outside the changing rooms (ground floor)
- Swimming Pool office
- Valley Road – Pavilion
- Hockey Centre – Pavilion

Location of AAI Pens:

- | | |
|---|---|
| • Infant School – First Aid store cupboard in the cloakroom | • Wellbeing Centre Medical Room |
| • Junior School – Staffroom | • Senior School Reception |
| • Senior School Kitchen | • Food and Nutrition Department – prep area |
| • Sixth Form Brasserie | • Valley Road - Pavilion |
| | • Hockey Centre – Pavilion |

11. Students' Medical Condition

A list of students who suffer from medical conditions, together with details of those conditions, is updated annually by the School Nurse and emailed to staff who need to be aware of these medical conditions.

Individual health care plans are prepared for students with a more serious medical condition.

There School has emergency procedures for the following medical conditions:

- **Epilepsy** – Appendix 1
- **Diabetes** – Appendix 2
- **Anaphylaxis** – Appendix 3
- **Asthma** – Appendix 4
- **Basic Life Support** – Appendix 5
- **Head Injuries** – please see Head Injuries policy

Training is provided for staff taking students on school trips, and for all teaching staff and teaching support staff at the Infant and Junior School.

11.1 Allergy Management

Please read in conjunction with the Allergy Management policy.

Individual health care plans for students with allergies are printed (and kept up-to-date when plans change) and in a folder in the following locations:

- The Nurses room
- Infant School Reception
- Junior School Reception
- Senior School Reception
- Catering Office (Senior School kitchen)
- Student Services

Students in the Senior School with allergies who may require the use of an adrenaline auto-injector pen (AAI pen) (e.g. EpiPen, Jext or Emerade) are required to carry two in date AAI pens with them **AT ALL TIMES**. Spare named AAI pens (specific to individual students) along with their **Allergy Action Plans** are kept at the **Senior School Reception**.

In the Infant School, students with allergies keep their named AAI pens along with their **Allergy Action Plan** in the **First Aid store cupboard in the cloakroom**.

In the Junior School, students with allergies keep their named AAI pens along with their **Allergy Action Plan** in the **Junior School Staff room**.

12. Vaccinations

In liaison and partnership with local health services, where possible, the School offers the following vaccinations:

- HPV Vaccination to all pupils in Year 8;
- Diphtheria, Tetanus, Polio (Td/IPV vaccine) and Meningitis ACWY vaccine to girls and boys in Year 9 or 10;
- Flu vaccinations for Years 3-11.

13. Hygiene/Infection Control

Basic hygiene procedures must be adhered to by staff. Single use disposable gloves must be worn when treatment involves blood or other bodily fluids and disposed of with dressing, etc in the medical waste bin provided in the Medical Room. Where possible, staff should wash their hands before dealing with any first aid issues.

14. Responsibilities

- The Operations Manager is responsible for ensuring that there are an adequate number of qualified First Aiders
- The School Nurse is responsible for checking the contents of first aid kits each term and re-stock as necessary
- The Operations Manager is responsible for keeping records of all accidents, injuries and other circumstances requiring medical or first aid attention and for all necessary reporting under RIDDOR.

15. Emergency Procedures

Where an injury or other medical condition is an emergency, an ambulance must be called. Ideally, this will be on the advice of the School Nurse or a First Aider, but there may be circumstances where it is apparent that such a call must be made immediately. Parents will be informed when an ambulance has needed to be called. If a parent cannot

accompany a student to hospital, a member of staff will accompany the student to hospital and remain with them until the parents can take over responsibility.

16. For events held outside normal opening hours

For events held outside normal opening hours, the event organiser must ensure that a qualified First Aider is available.

17. During School holidays

During school holidays there is a qualified First Aider in school during working hours and contactable via Security on ext. 157

18. Accident Recording

An [on-line Accident Report Form](#) is completed for each incident, generally by a person witnessing the events. If not generated by the Nurse, the Report Form is automatically forwarded to the Nurse who will complete any further details required and also to the Operations Manager for review.

At the Infant School, a copy of the accident report is sent home.

19. Informing Parents

Where the incident has required the issue of medication, or dressings which will need review after School, the Nurse will provide the student with a note to take home or will email/call the parents. The parents will be telephoned in the event of any head injury, if an ambulance is called, or any other circumstances where the professional judgement of the Nurse dictates that such contact should be made. At the Infant and Junior School, a 'head bump letter' is sent home and the student is also identifiable to others in School by being given a sticker to wear.

APPENDIX 1

EPILEPSY - Emergency Procedures

A seizure is usually a short event and can look different from person to person, there may be a jerking of the body, confused behaviour or a blank moment and not everyone who has the condition will fall to the ground. They may appear vacant and wander around instead, so it is important for you to help someone having a seizure by staying calm and giving gentle reassurance, keeping the person safe until they recover. Epilepsy is widely misunderstood, so increased knowledge and awareness will help all of us to improve and enhance the lives of children and adults living with the condition.

To learn more and gain further information go to: www.epilepsysociety.org.uk;
<http://learn.epilepsy.org.uk/first-aid-for-seizures-in-schools/> epilepsy.org.uk/schools

If someone is having a seizure:

- Move close objects or furniture away
- Cushion the person's head to reduce any further injury
- Check for an Epilepsy Identity Card or Medic Alert Bracelet stating “Epileptic”
- Make a note of the time
- After the convulsions have stopped, put the person into the recovery position, checking that the airway is clear and try to protect their privacy.
- Stay with the person until they are breathing normally again
- If the person is injured, having any trouble breathing or the seizure is continuing for more than 5 minutes or you are in doubt call 999 state the following clearly and calmly:
 - Name, location address with postcode, length of time seizure has lasted and any rescue medication that was used.

To understand more about epilepsy and how best you can support someone living with the condition, go to: [Epilepsy First Aid](#)

APPENDIX 2

DIABETES - Emergency Procedures

1. Hypoglycemia Awareness Recognising a Diabetic Emergency

Hypoglycaemia may occur if a diabetic person's blood sugar level falls too low below 4 mmol/l. This can be caused by the following:

- Administering too much insulin
- Not eating enough carbohydrate food
- Over exerting themselves

2. Symptoms of hypoglycemia

- Feeling shaky
- Sweaty, clammy pale skin
- Hunger and faintness
- Tiredness
- Blurred vision
- Lack of concentration
- Headaches
- Feeling tearful, stropky or moody (changes in mood)
- Going pale

3. Treating hypoglycemia

It is important that you do not leave the person alone during hypoglycemia.

IF THE PERSON IS CONSCIOUS

- Stay calm and ask them to sit down, check their blood sugar (if possible) and give them a sugary drink or glucose tablets or fruit juice. This will raise their blood sugar levels.
- After 10 - 15 minutes, check their blood glucose level. If it is still low continue offering sugary drinks or glucose tablets until they have recovered
- Check the blood glucose levels again in 20 - 30 minutes to make sure it has returned to normal.

IF THE PERSON IS UNCONSCIOUS

- **Do not attempt to give an unconscious person any sugary drinks or foods as you could block their airway.**
- Check the airway is clear and, if the person is breathing, place them into the recovery position.
- If they are not breathing, perform CPR (cardiopulmonary resuscitation), rescue breaths followed by chest compressions.
- Remain calm and CALL 999 stating clearly: Name, location address with postcode, and state 'hypoglycaemic episode'.

- Please note: if the person is a known diabetic, follow their Individual Car Plan they may be carrying an emergency kit containing a glucagon injection. Please inform the 999 operator if you can locate this kit and they can guide you through safe use on the injection.

To understand more about diabetes and how best you can support someone living with the condition, go to: [Diabetes in Schools](#)

APPENDIX 3

RESPONDING TO ANAPHYLAXIS

SYMPTOMS OF ANAPHYLAXIS

A – Airway

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen Tongue

B – Breathing

- Difficult or noisy breathing
- Wheeze or cough

C - Circulation

- Persistent dizziness
- Pale or floppy
- Sleepy
- Collapse or unconscious

IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE FIRST BEFORE YOU DO ANYTHING ELSE.

DELIVERING ADRENALINE

1. Take the medication to the patient, rather than moving them.
2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
3. It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
4. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
5. Make a note of the time you gave the first dose and call 999 (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
6. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
7. Call the pupil's emergency contact.

8. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
9. Start CPR if necessary.
10. Hand over used devices to paramedics and remember to get replacements.

For more information see the Government's

https://assets.publishing.service.gov.uk/media/5a829e3940f0b6230269bcf4/Adrenaline_auto_injectors_in_schools.pdf

APPENDIX 4

ASTHMA - Emergency Procedure

THE SIGNS OF AN ASTHMA ATTACK ARE:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)
- These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention. However, an asthma attack requires an immediate response.

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

If possible, send for the School Nurse immediately

- Reassure the casualty and ask them to take their usual dose of their reliever inhaler (usually blue), if they have it with them. Ask them to breathe slowly and deeply.
- If they have a spacer available, ask them to use it with their inhaler. The inhaler is more effective with a spacer, especially when being used for young children.
- If they have no inhaler, stay with them until the School Nurse arrives. If they are available please call 999 or 112 for emergency help.
- If an inhaler is available, please ensure the casualty is sitting down in a comfortable position.
- A mild attack will normally ease after a few minutes. However, if they don't improve within a few minutes, it may be a severe attack. Ask them to take a puff every 30 to 60 seconds, until they have had 10 puffs. Help the casualty to use their inhaler if they need assistance.
- If the attack is severe, and they are getting worse, becoming exhausted, or if this is their first attack, call 999 or 112 for emergency help.
- Monitor their breathing and level of response. If the ambulance hasn't arrived within 15 minutes, assist the casualty to take a puff of the inhaler every 30 to 60 seconds, until they have had 10 puffs.
- If they become unresponsive at any point, prepare to give [CPR \(see Appendix 7\)](#).
- If their symptoms improve and you do not need to call 999, advise the patient to get an urgent same-day appointment to see their GP or asthma nurse.

For an instruction video and more information, please click [here](#)

APPENDIX 5

BASIC LIFE SUPPORT- Emergency Procedure

The following Basic Life Support advice is taken from [St John Ambulance](#), a charity endorsed by the [Resuscitation Council](#) (UK).

For simplified flow charts on Basic Life Support processes for children and adults, published by the Resuscitation Council (UK) in 2015, please click [here](#).

Choking Child

If a child appears to be choking, ask them “are you choking?”. If the child cannot speak, cry, cough or breathe, they could be choking. In that scenario you should follow these steps:

1. **Cough it out** - encourage the child to cough
2. **Slap it out** - if the child is unable to cough, bend them forward and use the heel of your hand to give up to five back blows between the shoulder blades. Check their mouth to see if the object has dislodged and ask the child to pick it out of their mouth
3. **Squeeze it out** - if the back blows do not work, try up to five abdominal thrusts:
 - Stand behind the child and bend them forward;
 - Link your hands between their tummy button and the bottom of their chest (your lower hand should be clenched in a fist);
 - Pull sharply inwards and upwards.

If the child continues to choke, call 999 for an ambulance. Then, **continue steps 2 and 3 alternately until you have cleared the obstruction, help arrives or the child becomes unresponsive**. See instructions for CPR (cardiopulmonary resuscitation) (6.3 and 6.4) below.

For instruction video, please click [here](#).

Choking Adult

If an adult appears to be choking, ask them “are you choking?”. If they can speak, cry, cough or breathe, encourage them to cough the obstruction out. If they cannot cough or make any noise please follow these steps:

1. **Cough it out** - encourage the adult to cough, assist them by supporting their upper body and leaning them forward
2. **Slap it out** - if coughing does not help, encourage them to bend forward and use the heel of your hand to give up to five back blows between the shoulder blades. Check their mouth to see if the object has dislodged and ask them to pick it out of their mouth
3. **Squeeze it out** - if the back blows do not work, try up to five abdominal thrusts:
 - Stand behind the adult;
 - Link your hands between their tummy button and the bottom of their chest (your lower hand should be clenched in a fist);
 - Pull sharply inwards and upwards.

If the adult continues to choke, call 999 for an ambulance. Then, **continue steps 2 and 3 alternately until you have cleared the obstruction, help arrives or the adult becomes unresponsive.** See instructions for CPR (cardiopulmonary resuscitation)(6.3 and 6.4) below.

For instruction video, please click [here](#).

APPENDIX 5 (CONTINUED)

Unresponsive and not breathing - Child:

Please check the safety of the surrounding area before you approach a child in difficulty.

If the child is not responding and you think they are unresponsive, ask them loudly “what’s happened?” or say to them “open your eyes!”. If safe to do so, place one hand on their shoulder and tap gently. If they still do not respond, it’s likely that they are unresponsive.

Open their airway (tilt the child’s head back gently with one hand on their forehead and two fingers under their chin) and check, for 10 seconds, to see if they are breathing normally by looking for chest movement, listening for the sounds of normal breathing and seeing if you can feel their breaths on your cheek.

If they are not breathing, you need to start CPR (cardiopulmonary resuscitation – a combination of chest compressions and rescue breaths) straight away. If you are with someone, ask them to call an ambulance immediately.

CPR on a child - FIVE RESCUE BREATHS FIRST:

1. Ensure airway is open
2. Pinch nose firmly closed
3. Take a deep breath and seal your lips around their mouth, then blow steadily into their mouth until the chest rises
4. Remove your mouth and allow the chest to fall, repeat four more times, then give 30 chest compressions using the heel of one hand pressed towards the end of the breastbone in the centre of the chest, ensuring your fingers are not touching the chest. Depending on the age and size of the child, you may need to use two hands

5. Lean over the child with your arm straight and press down vertically on the breastbone to at least one third of its depth, release the pressure allowing the chest to come back up but do not remove your hand from the child’s chest, repeat the movement 30 times at a rate of 2 per second. Give two rescue breaths (see above).
6. Repeat this process of **30 compressions and 2 rescue breaths** until help arrives or until you are no longer able to continue.
7. If the child starts breathing, put them in the recovery position ([example here](#)).

NB: If you are alone, you should start CPR and continue for about a minute before stopping to call for an ambulance or for help. Continue CPR as quickly as possible.

For instruction video, please click [here](#).

Unresponsive and not breathing - Adult

Please check the safety of the surrounding area before you approach an adult in difficulty.

If the adult is not responding and you think they are unresponsive, ask them loudly “what’s happened?” or say to them “open your eyes!”. If safe to do so, pinch their earlobe or gently shake their shoulders. If they still do not respond, it’s likely that they are unresponsive.

APPENDIX 5 (CONTINUED)

Open their airway (tilt their head back and lift their chin) and check, for 10 seconds, to see if they are breathing normally by looking for chest movement, listening for the sounds of normal breathing and seeing if you can feel their breaths on your cheek.

If they are not breathing, you need to start CPR (cardiopulmonary resuscitation – a combination of chest compressions and rescue breaths) straight away. Call an ambulance immediately or ask someone else to do so.

CPR on an adult - 30 COMPRESSIONS FIRST:

1. Kneel next to the adult’s chest and lean over them. With your arms straight, place the heel of one hand towards the end of the breastbone and in the centre of the chest. Place the heel of the other hand on top of the first and interlock your fingers making sure your fingers do not touch the chest. Press down vertically to a depth of 5-6 cms. Release the pressure and allow the chest to rise again, do not remove your hands from the casualty. Repeat the movement 30 times at a rate of 2 per second. Give two rescue breaths (see steps 1-3 in section 6.3).
2. Repeat this process of 30 compressions and 2 rescue breaths until help arrives or until you are no longer able to continue.
3. If the adult starts breathing, put them in the recovery position ([example here](#)).
For instruction video, please click [here](#).