



BEESTON HALL SCHOOL

MEDICAL CARE AND FIRST AID POLICY

This policy outlines the school's responsibility to provide adequate and appropriate First Aid to pupils, staff, parents and visitors and the procedures in place to meet that responsibility. The policy is reviewed annually.

AIM

- To identify the First Aid needs of the school in line with the Management of Health and Safety at Work Regulations 1992 and 1999, and 1981 First Aid Provision.
- To ensure that First Aid Provision is available at all times and can be delivered in a timely manner and by a competent person whilst people are on the school premises, off the premises and on school visits, including equal duty of care to visitors.
- To ensure that the First Aid arrangements are based on a Risk Assessment of the school

OBJECTIVES

To keep accident records and report to the HSE as required under the Reporting of Injuries, Disease and Dangerous Occurrences regulations 2013.

- To provide relevant training and ensure monitoring of training needs. Refresher training should take place every three years.
- A record should be kept of all First Aider's certificate dates.
- To provide sufficient and appropriate resources and facilities.
- To inform staff of the school's First Aid arrangements.

RESPONSIBILITIES

- The School Governors are responsible for the health and safety of pupils, staff, parents, visitors and anyone else on the premises.
- The Bursar is responsible for putting the policy into practice and for developing detailed procedures.
- The Bursar should ensure that the insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment.

FIRST AID PROVISION

- The Education (school premises) Regulations 2012 require that there is a suitable room that can be used for medical treatment when required and for the care of the pupils during school hours. This is provided by The Surgery and Sick Bays located in Main House
- The main point of contact for first aid provision is the Surgery, situated in Main House. Basic first aid equipment is available 24hours/day from the Surgery.
- During normal school hours the School Nurse should be the main point of contact for first aid

alongside the Matrons.

- Out of normal school hours the main point of contact for first aid provision are the duty Matrons.
- First Aid Kits will be available from the Main House Surgery for use on school visits, home and away matches.
- Emergency Eye wash kits are located in the Surgery, both Science Labs and the Maintenance shed.
- Basic First Aid Kits are available in the maintenance shed and Kitchen. These are provided for the timely provision of first aid in areas where there is an increased risk of injury.
- The school car and mini busses each contain a basic First Aid Kit. When taking pupils off site a separate First Aid Kit/medical bag should be obtained.

PROVIDING INFORMATION

- The School Nurse will maintain and update information on any changes to pupil's health in line with NMC standard 5.5 'Respecting people's right to privacy and confidentiality', either in the Health Information booklet or by updating the school management system.
- Staff are responsible for passing on health information from parents to the School Nurse, maintaining confidentiality at all times.
- The Headmaster will ensure that all members of new staff are informed about the school's first aid requirements.

PROVISION FOR CHILDREN WITH PERMANENT OR LONG-TERM MEDICAL CONDITIONS

- The school will make every effort to accommodate children who have medical conditions which require ongoing and regular monitoring or intervention, e.g. diabetes, asthma, epilepsy, allergies or a disability.
- The class teacher, Nurse and matrons will work closely in conjunction with parents/carers and medical professionals, as appropriate, to put into place a care plan.
- The School Nurse will ensure that all other members of staff are aware of the situation and know what to do and who to contact if necessary.

FIRST AIDERS

All matrons are 'appointed persons', with a number having undertaken Emergency First Aid Training. She/He will:

- take charge when someone becomes injured or becomes ill
- ensure the duty Nurse or matron is summoned (if on school site)
- ensure that appropriate medical assistance is sought if appropriate (GP, Minor Injuries, Ambulance)
- Ensure that the accident/episode is appropriately documented and reported.

November 2019 – List of staff trained in First Aid

Clarke, Sheenagh	Emergency First Aid at Work	expires Sep 2021
Cole, Mike	First Aid at Work	expires Jan 2021
Davies, Holly	Paediatric First Aid	expires Oct 2021
Davis, Kate	First Aid at Work	expires Sep 2021
de Falbe, Juliet	First Aid at Work	expires Jan 2020
	Paediatric First Aid	expires Dec 2021
Godden, David	Paediatric First Aid	expires Dec 2021
Grieves, Claire	Paediatric First Aid	expires Aug 2021
Hammond, Bob	Emergency First Aid at Work	expires Jan 2021
King, Peter	Emergency First Aid at Work	expires Jan 2021
Large, Harriet	Emergency First Aid at Work	expires Jan 2021
	Paediatric First Aid	expires Dec 2021
Lloyd-Peck, David	First Aid at Work	expires May 2021
	Paediatric First Aid	expires Oct 2021
Lloyd-Peck, Fran	Paediatric First Aid	expires Oct 2021
Mackintosh, Alice	Emergency First Aid at Work	expires Jan 2021
	Paediatric First Aid	expires Oct 2021
Marvell, Kim (Resident Matron)	First Aid at Work	expires May 2021
	Paediatric First Aid	expires Oct 2021
Morton, Julie	2-Day Emergency First Aid + Paediatric	expires Nov 2020
Pudney, Emma	Paediatric First Aid	expires April 2021
Richardson, Lauren	Paediatric First Aid	expires Dec 2021
Whitaker, Matt	Emergency First Aid at Work	expires Jan 2021
Williams, Felicity	First Aid at Work	expires Jan 2021

The School Nurse or matrons on duty are located in the Main House downstairs Surgery and Matron's room.

The Nurse will provide all staff with up-to-date lists of all pupils who are known to be asthmatic, anaphylactic, diabetic and epileptic or have any serious or medical conditions.

The school Nurse will maintain up-to-date medical consent forms for every pupil in the school. The school Nurse will check and restock First Aid Kits and bags kept in the school.

PROCEDURES

- Risk assessment reviews are required to be carried out by the responsible member of staff annually and when circumstances change.
- Reviews are required to be carried out by the responsible member of staff in conjunction with the School Nurse when appropriate. Re-assessment of First Aid provision. As part of the school's annual monitoring cycle.
- First Aid bags are placed in all areas of the school where an accident is considered possible or likely and we always take First Aid bags with us when groups of pupils go out of school on organised trips or participate in sporting events.
- The School Nurse will, with relevant staff, review the School's First Aid needs following any changes to staff, buildings, activities, off-site facilities etc.
- The School Nurse will monitor the amount of trained First Aiders and alert them to the need for refresher courses and organise refresher courses.
- The school Nurse will check First Aid Bags on a regular basis and replenish the contents as necessary.

PROCEDURE IN THE EVENT OF ILLNESS OR ACCIDENT ON THE SCHOOL PREMISES

- If a child becomes ill or has an accident on the school premises, the teacher in charge will send or escort the child to the duty Nurse or matron. Pupils requiring treatment or off games may attend the Surgery for the administration of their treatment. If a broken bone or spinal injury is suspected, expert help will be obtained. Do not move casualty unless they are in immediate danger. The School Nurse or Matrons are located in the Main House or the Downstairs Surgery and can be contacted on the Matrons mobile phone. The duty Nurse/matron will notify his/her parents or carer as soon as possible.
- If necessary, the School Nurse/Matron will contact the School Doctor for specialist advice.
- All staff accidents will be recorded in the accident book located in the downstairs surgery and kept for a minimum of 3 years.
- All pupil accidents will be recorded in the pupils' health file by the School Nurse/Matrons and only recorded in the accident book if they meet the requirements set out by the HSE Incident reporting in schools 2013. Records are held until after the child's 21st birthday.
- Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), some accidents have to be reported to the HSE
- All medication and medical treatments received by day/boarding children and visiting children will be recorded in the day diary with name, time, type of medication given and dose, information regarding the injury and initialled by the administrator. (see Policies for

Administration of Medicines and see Homely Remedy Policy)

- All visiting pupils who have an injury or have become unwell will have a Beeston Hall School Accident Report form completed and returned with the pupil. (see separate Accident Report Form)
- In an emergency, the child's parents or named guardian should be contacted as soon as possible.
- Parents of day pupils requiring prescribed medication should complete a parental consent form for each medication.
- Any administration of any medicine or treatment given to day children should be reported to parents either by a note home with the child, by email or telephone and recorded in the Main House log.
- Children who are receiving regular medication will have dose, date, time and signature recorded on individual charts kept in the downstairs surgery. The person administering this must complete the chart at the time of administration. Medication charts will be overseen by the School Nurse
- All medication is kept in locked cupboards. The Duty Nurse, matrons and designated House staff only may possess the keys. (see Policy and Guidelines for Administration and Storage of Medicines)
- All parents/carers of new pupils entering Beeston Hall School are to complete and sign a medical questionnaire form and return it to the School Office.
- All medical notes of boarding pupils are kept locked in a filing cabinet in the downstairs surgery. These are confidential records and should only be accessed by the School Nurse or matrons when appropriate.
- Homely or non-prescribed medicines will only be administered by the School Nurse, duty matron and designated House Staff under strict guidelines outlined in Policy and Guidelines for Administration and Storage of Medicines.
- The use of homely medications being administered when pupils are off-site will be limited and only done so under the guidance of the School Nurse prior to the trip commencing. Homely medications will be in original packaging with clear manufacturer instructions on how and when to administer. Any medications given off site must be documented and reported to the School Nurse/duty matron on return.

SPECIFIC GUIDELINES

In the event that someone **faints**.

- **Lie the person down flat. Raise and support legs.**
- **Turn persons head to the side to maintain an open airway**
- **Loosen any tight clothing around the neck and chest e.g. tie.**
- **Reassure the person**
- **Send for further assistance, seek help from School Nurse/duty matron in main house surgery**

In the event that someone is **bleeding**.

When possible ensure you wear disposable gloves

- **Check wound**
- **Apply direct pressure**
- **Raise limb, and seek further medical assistance from School Nurse/duty matron in main house surgery**
- **If nose is bleeding, sit the person down; ask them to drop their head forward. Apply pressure to the soft part of the nose below the bone by pinching with the fingers.**

In the event of a **trip, slip or fall**.

- See Basic First Aid Document (see appendix C)

In the event of **Hypoglycaemia** (low blood sugar).

Hypoglycaemia is a deficiency of Glucose in the blood stream. In those diagnosed with Diabetes it can have serious effects and must be dealt with immediately. The following symptoms either individually or combined maybe indicators of low blood sugar in persons with diabetes:

- Hunger
- Sweating
- Drowsiness
- Pallor
- Glazed eyes
- Shaking or trembling
- Lack of concentration
- Irritability
- Headache
- Change of mood
- Worst case scenario - unconsciousness or seizure

If you suspect someone is having a hypoglycaemic episode do not leave them alone. It is important that they receive fast acting sugar (Lucozade energy or Fresh orange juice 200ml, dextrose tablets, 4 Jelly sweets) immediately.

Within 10-15 minutes of giving the fast-acting sugar, the person should begin to recover and should then be given a slow acting starchy food such as 2 digestives, a sandwich or cereal bar.

If the person becomes unconscious, follow advice in Basic First Aid document (appendix 3). When calling 999 states that you have an unconscious person with diabetes.

A pupil known to have diabetes within our school will have a Personal Care Plan which is held by the School Nurse/on call matron in the Main House Surgery and by the boarding staff. If the pupil is off-site, an emergency kit containing a copy of the care plan and all appropriate equipment will accompany the child. Accompanying staff will be expected to liaise with school Nurse prior to any off-site visits re: Personal Care Plan. If any concerns about a child who is known to be diabetic, please contact the School Nurse or matrons on duty who are situated in the Main House Surgery.

In the event of **Anaphylaxis**.

Anaphylaxis is a life-threatening allergic reaction to a certain food or substance which requires immediate medical attention.

The following symptoms may occur individually or combined:

- Person may complain that their tongue feels fat
- May hold their neck
- Be unable to speak in sentences
- Hoarseness
- Wheezing
- Swollen lips/tongue
- Itching sensation in throat
- Unable to communicate verbally
- Difficulty in breathing
- Sense of impending doom
- Collapse or loss of consciousness

If the person is known to have such a severe allergy, they will likely have a named Epi-Pen auto-injector device. At school this will be kept in a clear plastic container clearly labelled with the child's name and date of birth on the side in the Main House Surgery.

When off-site, the Epi-Pen will be added to the first aid kit and the staff responsible for the visit will be expected to liaise with the School Nurse/matron prior to their trip.

Epi-Pen containers also contain instructions of how to administer.

HOW TO USE EPI-PEN.

- Grasp Epi-Pen in dominant hand with thumb closest to safety cap.
- With other hand pull off the safety cap.
- Hold Epi-Pen approximately 10cms away from outer thigh with black tip pointing towards outer thigh.
- Jab very firmly into outer thigh so that Epi-Pen is at a right angle (90 degrees) to outer thigh, through clothing if necessary. An auto injector has the ability to go through Denim.
- Hold in place for 10 seconds.
- Massage injection site for further 10 seconds.
- Dial 999 and say "ANAPHYLAXIS"
- Stay with the person ensuring airway is maintained at all times.
- If after 5-15 minutes the emergency services have not arrived and the person does not respond or the original symptoms return, administer the second Epi-Pen in other outer thigh.
- Ensure used Epi-Pen's are kept safely within the plastic emergency box to hand to the paramedic.
- Accompany person to the hospital in the ambulance.

In the event of **Shock**:

(See appendix C– Basic First Aid)

In the event of an **Epileptic Seizure**:

Seizures can take many different forms depending upon which part of the brain is affected. Not all seizures involve the loss of consciousness. A child may appear to be staring into space or may have twitching of any part of their body. They may complain of abnormal sensations or tastes. They could appear confused.

A tonic clonic seizure or full convulsive seizure affects every part of the brain and the child will lose consciousness. The child's muscles may become rigid, and the child may fall to the ground. Muscles will relax and tighten causing jerking movements. Breathing may be noisy, and in some cases quite difficult, the child may appear blue or grey around the mouth. The child may be incontinent of urine or faeces or may bite their tongue or cheek. Once the seizure is complete the child will need time to rest or sleep. They may appear tired or confused.

In our school, if a child is diagnosed with epilepsy, they will have a Personal Care Plan which sets out the particular needs of the individual child.

- Ensure the child safety by removing any objects which might cause harm
- Do not restrict child movements and allow the seizure to take its course protecting the head
- Nothing should be placed in their mouth
- Once seizure complete, place child in recovery position.

Only call 999 if:

- The child is badly injured.
- The child has problems breathing.
- A seizure lasts longer than is normal for that child
- There are repeated seizures: (one after another)
- If it's the child's first seizure.

In the event of an **asthma attack**:

Asthma is a chronic condition in which the lungs are sensitive to certain environmental conditions and factors resulting in the restriction or spasm of part of the lungs.

The person having an Asthma attack may present with:

- Coughing
- Wheezing
- Whistling noise in chest
- Tight feeling in chest
- Shortness of breath
- Unusually quiet
- In worst case scenario may appear pale, blue/grey around the mouth and nose.

If any of these symptoms are present, the person will need access to their Ventolin (BLUE) Reliever inhaler immediately. Ensure the person is in an upright position with any tight clothing loosened.

Do not leave the person unattended.

999 should be called if: (Please see Appendix 2)

- Symptoms do not improve within 5-10 minutes of giving reliever (BLUE) inhaler.
- The person is too breathless to speak
- The person is becoming exhausted
- The person appears blue/grey around the mouth/nose.

In our School, children that are diagnosed with asthma will have a personal care plan outlining what to do if they suffer an attack.

We encourage children who are competent to take responsibility for their reliever (BLUE) inhalers. An emergency reliever inhaler is available from the Main House Surgery.

The school Senior Nurse will keep a clearly named reliever inhaler for each asthmatic child in the Main House Surgery. These will be made accessible to children whenever required. When off-site, staff will ensure that those children with asthma have their own inhaler readily accessible, whether on the child's person or within the first aid bag.

SICK AND/OR INFECTIOUS OR INJURED CHILDREN

Children who have a temperature, or sickness or diarrhoea, or who have an infectious condition should be kept away from school until they are no longer infectious and are fully recovered. The minimum exclusion time is outlined in the guidance on communicable diseases (Health Protection Agency). (See Sick Wing Policy and Guidelines). In the case of diarrhoea and vomiting it is 48 hours after the symptoms have stopped.

HYGIENE / INFECTION CONTROL

Regular, thorough hand washing is the greatest defence against cross-contamination and the spread of infectious diseases.

Basic hygiene procedures will be followed by all members of staff:

- Single-use disposable gloves and aprons (PPE) will be worn when treatment or cleaning involves blood or other body fluids.
- Appropriate cleaning equipment is available from the surgery in Main House, including absorbent powders for use with vomit/blood spills.
- Care will be taken when disposing of dressings or equipment. Heavily soiled items should be carefully sealed in a separate plastic bag and tied securely.
- Soiled clothing and linens will be washed in a separate soluble red bag.
- Contaminated sharps should be disposed of in an appropriate sharps bin available in the surgery only. The school Senior Nurse is responsible for the appropriate disposal of yellow sharps bins.

- Hands will be washed thoroughly before and after handling food.
- Hands will be washed thoroughly after contact with any bodily fluids and always after giving assistance to pupils using toilets, etc.
- Members of staff supervising pupils will ensure that those in their charge follow basic hygiene rules.

FIRST AID BAGS

The school Senior Nurse will ensure the appropriate number of First Aid bags are issued according to the risk assessments of the site. All Medical First Aid bags are kept in the down stairs surgery in Main House and are regularly updated by school Senior Nurse. All staff must return medical bags after use downstairs surgery or to matrons on duty.

- All First Aid bags are either red or black and have a large white cross. It may also have the words First Aid or Medical Bag written on them and are kept in the downstairs surgery in the main house.
- First Aid bags have a Basic First Aid leaflet in pocket
- First Aid bags must accompany all off-site games fixtures, trips and other activities.
- First Aid bags must be returned to the downstairs surgery.

Contents:

- Triangular bandages
- Sterile eye pads with attachment
- Sterile coverings for serious wounds
- Safety pins/medical tape
- Medium-size, sterile un-medicated dressings
- Large sterile un-medicated dressings
- Ice packs
- The Senior Nurse in charge will determine whether there should be more than the minimum items in medical bags depending on circumstances including the addition of Homely medications.

Reviewed by: J de Falbe October 2019

Next Review: October 2020