



SOLIHULL

First Aid & Reporting Illness, Injury & Accidents Policy

Owner: Bursar
Reviewer: Senior Nurse
Last Reviewed: November 2017

Version 4

1. General Administration

The School Health Centre is staffed by a School Nurse between 8am and 5.30pm Monday to Friday during term time.

Pupils who become ill during or between lessons should be sent by staff to a School Nurse. In the case of an injury the teacher in charge should render first aid. If further medical attention is required a School Nurse should be contacted.

When necessary a School Nurse will contact parents to arrange for a pupil to be taken home, call an ambulance or arrange for a pupil to be taken to hospital. They will be in charge of medical arrangements until the patient leaves the premises.

A School Nurse maintains records of all Health Centre visits and treatments. They will notify parents and form teachers as necessary.

In the event of a School Nurse being unavailable the teacher in charge must continue to assume full responsibility for dealing with the patient until another member of staff takes over.

2. Journey Home

When a pupil cannot go home unaided the parents should be asked if they can fetch him/her or make arrangements for them to be collected. Failing this, a School Nurse or a member of school staff will make appropriate arrangements to ensure the pupil gets home safely and inform parents.

3. Accompanying to Hospital

Every pupil who goes to hospital must be accompanied by a member of the school staff. They must stay with the pupil until his/her parents arrive. They must act in loco parentis. When no other member of school staff is available, a School Nurse will accompany the pupil to hospital.

4. Head Injuries

The School follows the Rugby Football Union (RFU) guidelines for head injuries. All pupils or staff who have been unconscious or suffered from suspected concussion must be assessed by a School Nurse, who will advise on appropriate treatment/attendance at hospital/A&E. Parents will be informed immediately.

5. Calling an Ambulance

When it is deemed necessary a responsible person should be told to summon an ambulance if there is any doubt about the severity of the patient's condition (see guidelines below).

- Ring for an ambulance
- Clearly state the injury or condition e.g. anaphylactic shock.
- Clearly state which school entrance the ambulance has to use.
- Return to the casualty and tell the first aider that an ambulance has been called and that you will wait at the designated entrance and bring the paramedics to the casualty.

Guidance on when to call an ambulance

- **Unconscious person** – who doesn't wake or respond when shaken.
- **Heart attack (suspected)** – crushing chest pain that lasts more than five minutes. The pain may spread to arms and jaw.
- **Breathing difficulty** – especially if the person is unable to speak more than a few words or has blue lips or mouth.
- **Abdominal pain** – that is severe and undiagnosed.
- **Haemorrhages** – major uncontrolled bleeding.
- **Bleeding** – that does not stop after at least 10 minutes of continuous pressure.
- **Back pain (severe)** – after a fall or after sudden onset of back pain if over 50 years of age.
- **Burns** – which are bigger than the size of a hand and/or cause severe pain that is not relieved with simple painkillers, or if the person has difficulty breathing.
- **Choking** – especially if the person is unable to talk, cry or breathe.
- **Convulsions or fitting** – if the person is still fitting after 5 minutes or if they have no history of convulsions (for example epilepsy or brain injury).
- **Drowning**, near drowning, diving or scuba accident.
- **Stroke (possible)** – especially if the person experiences numbness, loss of function of hand, arm or leg, slurred speech, facial droop or severe abrupt headache.
- **Headache (severe)** – not the usual kind, with or without loss of function of arm or leg.
- **Motor vehicle accidents** – if you think someone has been injured.
- **Industrial accidents** – where a person is injured or trapped.
- **Vaginal bleeding (severe)** – with possible or confirmed pregnancy.
- **Suicide attempt.**
- **Pain (severe) after a fall or injury** – when the person is unable to sit up, stand or walk.
- **Drug overdose or poisoning** – whether you know for sure or just suspect an overdose.
- **Diabetes** – if the person is not fully awake or not behaving normally.
- **Allergic reaction** – especially with difficulty breathing or loss of consciousness.
- **Electrical shock** – of any kind.
- **Trauma (injury)** – which is severe, especially to the head, neck, chest or abdomen – for example if the person was stabbed, shot or impaled, or hit by or ran into an object.
- **Meningococcal disease** – if symptoms indicate possible infection.
- **Hypothermia or heat stress** – if severe.

6. Injuries at Home Matches

The responsibility in the first instance lies with the teacher in charge of the team/fixture. As they may well also be the referee, they may need to seek further adult help where possible e.g. other staff or parents on the touchline. A School Nurse is present at all home rugby matches and may also be supported by a physiotherapist. Sports teachers all possess their own first aid bags should a School Nurse not be present. Parents should be informed as soon as possible. A member of staff is designated for Saturday duty responsibilities, which includes supporting the teacher in charge and/or School Nurse with any medical issues.

7. Injuries off site including 'Away' Matches and School Trips/Visits

Injuries to our own pupils at away matches will, it is assumed, be dealt with medically by the 'away' school, but it is of course, the responsibility of the teacher in charge of the team to take charge of the pupil in question. Parents should be informed as soon as possible. If the pupil is sent to hospital, he/she must ensure that an adult remains with the pupil until the parent(s) arrives.

Treatment of injuries or similar issues on a school trip will be supervised by the teacher in charge of the trip and/or the accompanying first aider. Parents should be informed as soon as possible. If the pupil is sent to hospital, he/she must ensure that an adult remains with the pupil until the parent(s) arrives.

8. Records

A School Nurse records all visits and accidents in the Health Centre treatment book. In the event of an injury being of a more severe nature which requires medical/hospital treatment or there has been an injury caused by a health and safety issue then a School Nurse will raise an accident form which is reviewed and signed by the appropriate teacher, a School Nurse, the Bursar and Headmaster. Parents are informed by a School Nurse or teacher in charge via telephone at the time of the injury, incident or illness.

As the main point of contact for Health and Safety within the school, the Bursar informs the Health and Safety Executive if necessary as laid out in RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013).

They are contacted via

- By phone: **0345 300 99 23 (local rate)**
- Online: HSE RIDDOR - Report online

Items that must be reported include:

- deaths;
- major injuries;
- over-3-day injuries – where an employee or self-employed person is away from work or unable to perform their normal work duties for more than 3 consecutive days;
- injuries to members of the public or people not at work where they are taken from the scene of an accident to hospital;
- some work-related diseases;
- dangerous occurrences – where something happens that does not result in an injury, but could have done (further information can be found via the Health and Safety Executive RIDDOR website).

An investigation will be carried out as soon as possible after any serious accident occurs, so that problem areas or procedures are identified and remedial action can be taken if necessary.

9. First Aid

First aid notices are displayed throughout the school premises to indicate the location of the nearest first aid facility and the names of nominated first aiders/appointed persons.

The first aid boxes, which must be clean, have lids and be marked with a white cross on a green background, are kept stocked to the minimum prescribed in the approved contents list (see below). Generally only those items which appear on the list are permissible, however, where specific risks have been identified appropriate additions should be made. Contents are checked each term by a School Nurse and they should be notified should a member of staff believe that extra supplies are required.

Positions for eye wash stations have been identified, and sealed bottles of sterile eye wash solution (at least 1 litre) or rubber tubes on suitably located taps have been provided.

The locations of first aid boxes, eye wash stations and defibrillators are reviewed annually and listed in Appendix 1.

The lists of qualified first aiders and the whereabouts of all the first aid boxes are situated on the medical board in the Lower Common Room, Reception and the Bursary.

At least one first aider and a School Nurse must be present during the normal school day and an Appointed Person is to be present as far as is practicable at all other times when teaching, other activities or work are taking place.

The total required number of first aiders and appointed persons has been identified after all the relevant factors have been taken into account, including layout of premises, foreseeable absences of first aid personnel, the nature of activity being undertaken and the numbers taking part in these activities. The Senior School Nurse maintains an up to date list of first aiders. Each section of the school has a designated first aider.

First-aiders are trained in accordance with the standards laid down by the Health and Safety Executive and need to be certificated. First aid certificates are issued for a three-year period only and at the end of this three-year period re-qualification and certification is necessary. The Senior School Nurse is responsible for reminding staff and organising re-qualification. Appointed persons/first aiders are responsible persons whose duty it is to take charge of a situation if a serious injury or illness occurs.

10. Contents of First Aid Box

The contents of all first aid box will be in accordance with guidance given in HSE document "Basic advice on first aid at work" INDG 347. Sufficient quantities of each item are to be made available in every first aid box.

In most cases these will be:

- Contents List and Information re Disposal of Contaminated Material
- Guidance Leaflet
- Nitrile Disposable Gloves and Bags
- Safety Pins
- Plasters – Assorted Sizes (blue detectable for catering)
- Saline Cleansing Wipes
- Eye Pads
- Triangular Bandages
- HSE Medium Sterile Dressing 12cm x 12cm
- HSE Large Sterile Dressing 18cm x 18cm
- Sterile Dressing Pads (Large)

- Sterile Dressing Pads (Small)
- Micropore Tape
- Bandage

Other items as appropriate such as foil blanket, finger sterile dressing, resuscitation face shield, shears, eye wash, burn dressing.

11. Contents of Travelling First Aid Kits

The contents of travelling first aid kits need to be appropriate for the circumstances in which they are to be used. They will always contain the same contents as First Aid Boxes with extra appropriate supplies.

12. Body Fluids

Special care needs to be taken when cleaning up blood and vomit. Blood stained dressings, cotton wool etc should be disposed of by a School Nurse. In the Health Centre there is a clinical waste yellow biohazard bag which is collected regularly for incineration. "Sharps containers" are located within the Health Centre and Grounds Department which will be removed by an external contractor as appropriate.

All first aid boxes and sports bags contain plastic gloves and plastic bags. Whilst wearing plastic gloves, soiled and bloody dressings should be deposited in the plastic bag which should then be brought to the Health Centre.

In the event of vomit/blood spills the School Marshal/the Maintenance department should be called. They are in possession of body fluid disposal kits in order to help clear vomit/ blood spillage.

13. Pupils with individual medical needs.

A School Nurse is available to advise pupils with day-to-day minor ailments and will use their discretion on the need to administer simple home remedies (e.g. Paracetamol, Calpol, Simple Linctus, etc). They follow a strictly defined protocol, as agreed with the School Medical Officer. A School Nurse should be advised if any pupil is taking regular medication. A signed parental consent will be required in situations where a School Nurse is expected to administer prescribed medicines and a suitable consent form will be provided for this specific purpose.

All teaching staff and where relevant, non-teaching staff, are notified at the beginning of each academic year about pupils who suffer from important medical conditions. They can then keep this information for reference only (not to print off) but at the same time they are told that all this medical information has to remain confidential within the School. Any changes are notified as and when necessary. The same information is displayed on the board in the Lower Common Room. Parents have given permission for this information to be passed to the teaching staff. There are specific school protocols for particular medical conditions and all new members of staff are informed that they are stored on 'Staff Only (Barney) – Medical Protocols. Where appropriate, a School Nurse will agree an individual care plan with a pupil and his/her parents. This is reviewed on at least an annual basis.

Asthma

The parents of all pupils with asthma are asked to complete a school asthma card for their son or daughter. They are also asked to inform a School Nurse should there be any change in treatment so that the card can be kept up to date. This information will be recorded in a pupil's individual care plan.

All pupils with asthma have immediate access to their reliever inhalers. Pupils carry their inhalers with them at all times and the inhalers should be readily available during physical education, sports activities and school trips. The clearly labelled 'Asthma Cupboard' in the Health Centre remains open at all times. Pupils are requested to keep a named spare inhaler in the 'Asthma Cupboard' for emergency purposes e.g. when their inhaler runs out or when they have lost or mislaid their inhaler. Pupils should not take medication which has been prescribed for another pupil. The School holds a stock of reliever inhalers for emergency use.

A School Nurse should **always** be notified in the event of any pupil suffering an asthma attack that does not immediately respond to medication.

Epilepsy

The parents of all pupils who suffer from epilepsy are asked to contact a School Nurse to discuss with the pupil and his/her parents, the type and duration of the seizures. Trigger factors that predispose the seizures will be identified, together with any medication to be administered. This information will be recorded in a pupil's individual care plan. A School Nurse will then liaise with staff to ensure that action can be taken to minimise exposure to likely triggers. Appropriate safety measures can then be identified and put into place.

A School Nurse should **always** be summoned in the event of a pupil suffering a seizure. Staff will be notified of any pupil with epilepsy and the pupil's name will be recorded on the Medical Information Notice Boards in the Health Centre and Lower Common Room.

Diabetes

The parents of all pupils who suffer from epilepsy are asked to contact a School Nurse to discuss school policy in regard to diabetes. This information will be recorded in a pupil's individual care plan.

A School Nurse should **always** be summoned in the event of a pupil suffering from either a hypoglycaemic or hyperglycaemic reaction.

Special arrangements may be required for off-site activities and/or school trips. Staff will be notified of any pupil with diabetes and the pupil's name will be recorded on the Medical Information Notice Boards in the Health Centre, Lower Common Room and the Refectory.

Anaphylaxis

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.

The parents of all pupils who suffer from such reactions are asked to contact a School Nurse to discuss the type of reaction that can occur.

Medication

The treatment for a mild allergic reaction is an antihistamine, usually 'piriton'. The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine). Pre-loaded injection devices (usually called EpiPens) containing one measured dose of adrenaline are only available on prescription. Pupils are encouraged to carry the medication with them. In addition, parents are required to provide the School with an additional EpiPen for each pupil. These are stored in the 'Asthma Cupboard' in the Health Centre and can be used for School trips. The cupboard and the box are clearly labelled.

Medical Information

Lists of pupils and staff at risk of anaphylaxis are on the Medical Information Notice Boards in the Health Centre, Lower Common Room and Refectory. Consent has been obtained from all those mentioned agreeing that this information is given to all staff.

Dietary Requirements

Refectory staff are aware of the names of all the pupils at risk of severe allergic reactions to certain foods. The Refectory Manager is responsible for maintaining this list and should be notified if any new concerns become apparent.

The School operates on a nut free basis and complies with food labelling legislation but pupils are told to always ask if they have any doubt concerning the ingredients of any food on the menu.

Allergic Reaction

In the event of one of the pupils or members of staff showing any signs of an allergic reaction, **a School Nurse should be notified immediately**. In the event of a School Nurse being unavailable a member of staff will follow this procedure:

1. Check whether the individual has an adrenalin pen with them. If so, this should be used.
2. When the individual's medication is kept in the Health Centre, and his/her condition allows, it is advisable to take the individual to the Health Centre in order to save time. However if the individual's condition is severe you should stay with the individual and send a responsible person to collect the box marked 'Anaphylactic Shock.' This box is kept on the top shelf of the 'Asthma Cupboard' in the Health Centre. The cupboard is always kept unlocked.
3. Some individuals are prescribed antihistamine tablets to be used for mild reactions such as an itchy throat/lips and/or stomach ache. The antihistamines are also kept in the 'Anaphylactic Shock' box.
4. A responsible person should be told to summon an ambulance if there is any doubt about the severity of the reaction or if the individual does not respond to the medication.
 - Ring for an ambulance.
 - Clearly state that the individual is suffering from an anaphylactic shock.
 - Clearly state which school entrance the ambulance has to use.
 - Wait for the ambulance and bring the paramedics to the individual.

5. In the event of anaphylactic shock immediate medical treatment will be necessary whilst waiting for the ambulance to arrive.

- If the individual has collapsed, lay him/her flat on the floor and elevate their legs.
- If the individual is conscious they may give their own adrenaline injection. Otherwise the member of staff should give the injection.
- The administration of this medication is safe and even if it is given through a misdiagnosis it will do no harm. It is not possible to give too large a dose using this device.
- To activate the 'EpiPen' the blue safety cap is removed. Hold the orange tip along the outer thigh midway between the knee and hip and apply moderate pressure – a click will be heard. Leave the 'EpiPen' in place for 10 seconds and then remove. Massage the injection area for 10 seconds.
- The preferred method is to remove clothing from the injection area before administering the injection. However, if this is too difficult or awkward, or if there is not time, the 'EpiPen' may be used directly through clothing.
- A repeat injection can be administered after 5-10 minutes if symptoms deteriorate again.
- It may be necessary to commence cardio-pulmonary resuscitation (CPR) if the individual's condition deteriorates and he/she stops breathing.
- On the arrival of the paramedics the member of staff in charge should apprise them of the medication given to the individual. All medication should be handed to the paramedics.
- A member of staff should accompany the individual in the ambulance. A School Nurse or a member of staff should make sure that the individual's parents are notified.
- It is a School Nurse's responsibility to ensure that all emergency medication is replaced.

A School Nurse instructs all teachers on how to administer the adrenaline injection. It is also their responsibility to make sure that all 'EpiPens' are 'in date' and ready for use.

Off-site activities and school trips may need additional planning. Concern about any potential risks should be discussed between the relevant member of staff, the pupil and his/her parents and a School Nurse. A School Nurse will ensure that teaching staff have further instruction as necessary before each school trip. Further details are contained within the Trips and Visits Policy.

LOCATION OF FIRST AID BOXES AND DEFIBRILLATORS

Health Centre - DEFIBRILLATOR

Headmaster's Wing x 1

Upper Common Room x 1

Lower Common Room x 1

Bursary x 1

Leonard Stevens Building x 1

George Hill Building x 3

Cooper Building x 3

Chapel x 1 + **DEFIBRILLATOR**

David Turnbull Music School x 2

Kitchen x 1 + Eye Tap

Art Department (2nd Floor) x 3 + Eye Wash Stations x 3

Art Department (Art 2, Art 3) x 2 + Eye Wash Station x 2

Science Department x 4 + Eye Wash Tap in each laboratory

DT Department + Food Technology Room x 6 + Eye Wash Station x 3

K Block x 1(K2)

Maintenance x 1 + Eye Wash Station x 1

Swimming Pool x 1

Sports Hall x 1

Alan Lee Pavilion x 2 + Eye Wash Station x 1 + **DEFIBRILLATOR**

Outdoor Pursuits Building x 1

Firing Range x 1

Grounds Hut x 1 + Eye Wash

Greenhouse x 1 + Eye Wash

Main Cleaner's Room (E Corridor) x 1

Junior School Common Room x1

Foyer x1

Sports Bag (Back Door) x1

Science Room + Eye Wash Station x 1

DT Room + Eye Wash Station x 1

Art Room + Eye Wash Station x 1

Bushell Hall Foyer x 1 + Eye Wash Station x 1+**DEFIBRILLATOR**

Workshop x 1 + Eye Wash Station x 1

Auditorium x 2 + Eye Wash Stations x 2

Control Room x 1 + Eye Wash Station x 1

Gantry x 1 + Eye Wash Stations x 2

Studio Theatre x 1

Changing Room (male) x 1

Changing Room (female) x 1

Boiler Room x 1 + Eye Wash Station x 1

FIRST AID BOXES AND DEFIBRILLATORS ARE CHECKED EVERY TERM BY A SCHOOL NURSE. PLEASE INFORM THEM IF SUPPLIES NEED TO BE REPLENISHED.

Health Centre
September 2017