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## SECTION 7.2 - FIRST AID AND MEDICAL EMERGENCIES

### **Introduction**

This section sets out the School's policy on dealing with first aid and medical emergencies and ensures the timely and competent administration of them. This policy covers the whole school including the EYFS.

### **School Medical Support**

During term time, from Monday to Friday, between 0800 – 1730 hrs first aid cover is provided by a qualified on-site nurse (currently this role is shared by three qualified nurses and qualified bank nurses if required). Out of hours, immediate first aid is provided by duty boarding staff and the "on-call" qualified nurse, who is contactable by mobile phone from 1730 Sunday to 0800 Friday. The "on-call" nurse can provide advice and is within 20 minutes' drive of School in case required to come onto school site to assess an unwell student.

For school trips, the teacher in charge is to contact the School Health Centre to identify any students with known medical needs and to obtain a portable first aid kit to include medication/student's emergency medication to take with them. Annually, all staff in charge of school trips, are to read and sign the administration of medication on school trips form in the health centre.

### **Student Illness**

Students who are ill should be referred to the School Nurse by being sent to the Health Centre and, if necessary, accompanied by another student. Staff are asked to check later with reception or the HC when students do not turn up on the grounds that they are 'at the Health Centre' as it is not at all unknown for students to excuse themselves from lessons. Any absence from lessons should be checked by the member of staff and if the student is unaccounted for this must be reported to reception.

### **Boarders**

Through the registered nurses in the on site school health centre, school counsellors on site and the boarding staff, the physical and mental health, and emotional wellbeing of boarders is promoted. All boarders have access to the school Dr who hold two GP clinic a week in the health center and a boarder can be seen at any other time at the school GP surgery as and when required. The school nurses also provide advice and care for boarders with chronic conditions as and when required with the support of the school GP.

### **First Aid Kits**

There are first aid kits in multiple locations around the school and these are overseen by the department themselves and the health centre have overall responsibility for these kits.

**EYFS:**

A first aid kit must be always accessible at all times, with appropriate content for children of that age.

**First Aid Kit Location List**

HH	Bursary
RH	Y4-6 x2
MH	Library
N-3 x2	Art office x2
Junior Reception	Nevill Hall
Junior Library	Middle School Office
Housekeeping	Gym/Fitness Suite
PE Office	Drama Studios x2
Aldridge x2	Swimming Pool
History office	Pavilion
All school minibuses	Music
FMU	Science prep room
Reception Desk	Science

**Medical Emergencies**

In the event of a medical emergency – e.g. unconscious, serious allergic reaction or severely injured person, or if in doubt and there is no one to consult, the member of staff should phone 999 or 112 to call an ambulance, render immediate assistance and then call the receptionist who will notify the health centre and be ready to direct the ambulance. In addition, the receptionist is to email the Head, Deputy Head, Deputy Head (Academic) and COO with the initial details of the accident. As soon as possible parents are to be informed once agreed by the Head/HC. Please note in the case of all suspected, neck or spinal injuries, the patient should not be moved until assessed by a nurse, doctor or paramedic. Once the emergency is dealt with, the health centre staff are to send an email to the Head, Deputy Head, Deputy Head (Academic) and COO with a summary of the event, adhering to confidentiality guidelines.

**Accident reporting**

When an accident occurs at school, an accident form is to be completed and handed into the Bursar. Accident reporting books can be found at reception, health centre and in the Junior School. For any accidents or injuries that adhere to the Reporting of Injuries, Diseases and Dangerous Regulations 2013 (RIDDOR), these need to be reported separately to RIDDOR via their reporting channels.

As above, parents are to be informed immediately via telephone of any accident which occurs involving their child at school. Further information such as head injury advice from the health centre is to be emailed to the parents.

**EYFS:**

All accidents or injuries and any first aid treatment given is logged on school base by junior school staff. An accident report is to also be completed if necessary. RIDDOR procedures still also apply.

It is a statutory requirement that the school informs parents of any accident or injury sustained by the student, on the same day as the accident or injury occurred, or as soon as reasonably practicable. Parents must be informed of any first aid treatment given.

### **Telephone Numbers**

School Nurse (Health Centre):	Health Centre: 01252 797424 Out of hours: phone Health Centre and it automatically diverts to duty nurse
School Doctor:	01252 793183. Open 0830-1800 hrs (last appointment 1730 hrs)
School Reception:	792561 internal extension: 159
<b>Hospitals</b> Frimley Park Hospital, Frimley (Paediatric Accident and Emergency)	01276 604604
The Royal Surrey County Hospital (Accident and Emergency Department), Guildford	01483 571122
Haslemere Minor Injuries Unit open 0900-1700 hrs	01483 782334
Out of hours GP/NHS 111	111

### **Other Emergencies and Injuries**

For other emergencies and injuries, the following guidance should be followed:

#### **Diarrhoea and or vomiting**

- As per Guidance on Infection Control in Schools, the student or staff member can not return to school for 48 hours from the last onset of vomiting and or diarrhoea. There are many reasons why a person can vomit, however if the person has persistently vomited (3 or more episodes), or has any other symptoms, such as a temperature, the 48 hour rule as above, must be followed. Decision on whether the student or staff member can be in school is required to be made by a registered health professional – doctor or nurse.

Please see the following link for more information on the different conditions that may present in school, and the infection control guidance for each condition.

[Guidance on infection control in schools poster.pdf \(hscni.net\)](#)

#### **Cuts and Grazes**

- Cover with something clean and send to Health Centre.

#### **Larger bleeding wounds**

- Cover with something clean, apply pressure and elevate limb. Send for school nurse to attend.

### **Sprains and possible fractures**

- Apply cold compress and immobilise, again elevate if possible, and send to Health Centre/call for School Nurse.

### **Epileptic Fit**

- A person will usually have a feeling that they may recognise prior to having a seizure. Please ensure the person is kept safe during the fit and put in the recovery position once possible to do so. All fits no matter how short in duration should be reported immediately to the school nurse.

### **Head Injury**

- Apply cold compress as soon as possible. Document any relevant information to hand over to nursing/medical staff. All persons who sustain a head injury need to be assessed by the school nurse. If a spinal injury is suspected, do not move the person and await medical help.

• [Section 7.2a - Head Injury Policy.docx](#)

### **Heat Exhaustion**

- Keep in cool place, loosen clothing, give sips of water. Inform school nurse.

### **Drowning**

- Remove from water without risking your own life, follow **D R A B rules of RESUSCITATION** if necessary and call for medical help. Keep patient warm. Put in recovery position if breathing normally.

<b>DANGER:</b>	Make sure the area is safe
<b>RESPONSE:</b>	Are they conscious?
<b>AIRWAY:</b>	Open the airway
<b>BREATHING:</b>	Check for breathing.

### **Diabetic Hypo (Low blood sugar)**

- Person feels dizzy, may lose consciousness: they need sugar quickly. Should have own supply of Dextrose tablets, or sugary snack, take immediately, will need added carbohydrates, send to Health Centre as soon as possible.
- Dextrose tablets are kept in HC and all boarding houses.

### **Allergic Reaction**

Anaphylaxis is a severe allergic reaction (such as to nuts and to wasp stings). It is important to recognise their symptoms which may vary but may include one or several of the following:

- a metallic taste or itching in the mouth
- generalised flushing of the skin
- nettle rash (hives) anywhere on the body
- swelling of the face, throat, tongue or lips

- difficulty in breathing resulting from this
- flushed complexion
- abdominal cramps and nausea
- a rise in heart rate
- collapse or unconsciousness
- wheezing or difficulty in breathing.

**Serious allergic reactions will necessitate emergency admission to hospital and therefore an ambulance should be called immediately.**

### **Anaphylaxis Treatment**

Adrenaline auto-injectors (AAI) such as EpiPen, Jext or Emerade are prescribed for those believed to be at risk of an anaphylactic reaction. Adrenaline acts quickly to constrict blood vessels, relax smooth muscles in the lungs to improve breathing, stimulate the heartbeat and help to stop swelling in and around the person's airway.

Year 7 students and above - 2x prescribed auto adrenaline injector (AAI) devices to be kept with the student at **all times**.

Students in Yr6 and below store their AAI in a designated place agreed with the year teacher in their usual classroom and take it with them to other areas of school eg sports hall/dining room.

There are generic AAI devices on school site. These are situated in:

- Health Centre
- Servery – catering
- Roberts House
- Main House
- Hamilton House

The student's AAI or generic AAI should be given immediately by appropriately trained members of staff. There is a list of student's names in the anaphylaxis emergency boxes in the places listed above to whom the generic pen can be given to in case of emergency.

Allergy/anaphylaxis and AAI training raining is covered during the "Emergency First Aid at work training" and annual updates offered to all staff

[Section 7.2b - Anaphylaxis Policy \(1\).docx](#)

### **Asthma**

**Moderate Asthma Attack:** feels breathless or tight in the chest (younger children may express this feeling as a tummy ache), is coughing with exertion or at rest and may have an audible wheeze BUT will

look well and can speak normally.

**Severe Asthma Attack:** will look unwell & pale, breathing will be rapid and laboured, too breathless to speak in complete sentences will be coughing at rest. The student may have nasal flaring and have a blue tinge around the lips. The student may NOT be wheezy if the asthma is very severe.

**Action:**

**Severe Asthma Attack:**

- Have someone call 999 while at the same time someone else starts caring for the student: if in school, call the school nurse 01252 797424 but don't wait for the nurse if you have the student's reliever inhaler available
- Encourage the student to sit upright & slightly forward in a supported position (leaning over back of chair)
- Encourage the student to take slow, deep breaths
- Remove cap from blue reliever inhaler (Ventolin) & shake thoroughly
- Attach inhaler to spacer and make a good seal around the mouthpiece with the student's lips.

There are spacers for emergency use kept on the 'grab shelf' in the back corridor to the Health Centre and in the emergency asthma boxes in the boarding houses. If spacer unavailable, still use inhaler & have the student hold breath for 10 seconds between actuations and shake inhaler before each actuation

**Dose**

- One puff into spacer & have pupil take at least 4 deep breaths, holding each breath for several seconds and then breathing out slowly
- Take the inhaler out and shake again
- One puff into spacer & have pupil take at least 4 deep breaths, holding each breath for several seconds and breathing out slowly
- Continue giving one puff every 1-2 minutes up to 10 puffs in total
- Further puffs can be given as necessary while awaiting the ambulance
- Notify parents

**Moderate Asthma Attack:**

Encourage the student to sit upright & slightly forward in a supported position (leaning over back of chair)

- Encourage slow, deep breaths
- Remove cap from blue reliever inhaler (Ventolin) & shake thoroughly
- Attach inhaler to spacer & ensure a good seal around the mouthpiece with the student's lips
- There are spacers for emergency use kept on the 'grab shelf' in the back corridor to the Health Centre and in all of the emergency asthma boxes in the boarding houses. If spacer unavailable, still use inhaler & have student hold breath for 10 seconds between actuations and shake inhaler before each actuation

**Dose**

- One puff into spacer & the student to take at least 4 deep breaths, holding each breath for 10 seconds and then breathing out slowly
- One puff into spacer & have the student take at least 4 deep breaths, holding each breath for 10 seconds and breathing out slowly

- Repeat for a total of 4 puffs over 5-10 minutes
- If the student has not improved but has no symptoms of a severe attack, notify parents
- Notify parents if the student has to use his/her inhaler more than every 4 hours.

### **Emergency Asthma boxes**

There are 6 emergency asthma boxes located around the school

- Health Centre
- Hamilton House
- Main House
- Roberts House
- Sports Pavilion
- PE office

[Section 7.2c - Asthma Policy.docx](#)

### **Tooth Loss**

Press back into socket, and tell student to bite on it, or put into glass of milk (not straight from fridge) and see dentist as soon as possible. Inform HC.

### **Eye Wash Stations**

ART CENTRE  
SCIENCE LABORATORIES  
FACILITIES MANAGEMENT UNIT

In an emergency, particularly where chemical contamination of the eye has occurred, prolonged irrigation is essential. In such situations, attach a rubber tube to the tap and continue gentle irrigation. Rubber tubing can be found at the 3 eye wash stations above.

### **Cleaning of blood and body fluid spillages**

All spillages of blood, faeces and vomit, should be cleaned up immediately (always wear personal protective clothing, such as gloves and aprons). Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste in an orange clinical waste bag and dispose of the bag in the clinical waste bin in the bin store. A spillage kit is available in junior school, all boarding houses, health centre and housekeeping. (Haz tab granules found in each kit should be sprinkled on any bodily fluid spillage immediately and housekeeping informed).

### **First Aiders**

- There must be at least one qualified first aider on school site when students are present.
- Staff are trained in one or more of the following courses:
  - First aid at work (3 day course)
  - Emergency First Aid (1 day course)
  - Paediatric First Aid (PFA) (3 day course)
  - Emergency Paediatric First Aid (1 day course)
  - Exploration Medicine (3 day course).

The qualification a member of staff has, is dependent on their role within school and risk

assessed at the time. Each qualification is updated every 3 years.

Each first aid course is an accredited full HSE course delivered either by Lifesigns accredited school staff; Carys Willman (Senior School Nurse) and or Linn Kathenes McGuigan (Head of Outdoor Education) or delivered by a competent provider such as St John Ambulance or British Red Cross.

**EYFS:**

- There must be always at least one person with a current PFA certificate on school premises when children are present and when accompanying children on outings. The PFA course undertaken must meet the standards set out in Annex A of the EYFS Framework and therefore must be a full PFA course delivered by a competent provider such as St John Ambulance, British Red Cross or by Lifesigns (HSE accredited) accredited staff in school (Carys Willman – Senior School Nurse and or Linn Kathenes McGuigan – Head of Outdoor Education)
- Please speak to the Senior School Nurse for a list of the most up to date staff first aiders.