

OHS Senior School GDST First Aid Policy

reviewed Jan 2012

next review Jan 2013

Policy Statement

The policy is designed to promote the health, safety and welfare of pupils, staff and visitors at Oxford High School Senior School through the provision of first-aid equipment and trained personnel in accordance to the requirements of The Health and Safety (First Aid) Regulations 1981, and relevant GDST, ISI and DCSF (formerly DfES) guidance. The policy document contains key information on the school's first aid provision, practice, and equipment and materials.

'First-aid' means:

- (a) treatment for the purpose of preserving life and minimizing the consequences of injury and illness until such help is obtained, in cases where a person will need help from a medical practitioner or nurse, and
- (b) treatment of minor injuries which would otherwise receive no treatment or which do not need treatment by a medical practitioner or nurse;

H&S (First Aid) Regulations 1981

OHS Senior School has its own first aid policy and procedures and their implementation reflects the GDST policy.

Provision

The aim of first aid is to save lives and to ensure that minor injuries and illnesses do not escalate into major ones.

Oxford High School recognizes its responsibility to provide first aid and will ensure that staff, pupils and any visitors while on site, have access to adequate facilities and materials at all times during the working day.

First aid provision will also be available when pupils and staff are attending activities off site.

Therefore, in accordance with good practice, GDST, ISI and DCSF requirements, Oxford High School Senior School will

- Carry out a first aid risk assessment to ascertain the needs of the school and the level of provision required, which takes into account:
 - The number of staff / students on the site,
 - The location of sites and higher risk parts of the school site
 - The full range of activities undertaken by staff and pupils on the school premises during the normal school day, and as appropriate off-site and outside normal school hours, e.g. before / after the school day, at weekends and during the school holidays;

As a minimum, **whenever possible** at least one person with an HSE approved 'First Aid at Work' 3 day qualification (was 4-day training) will be present on the Senior school site when pupils are present. It may be sufficient for an 'Emergency First Aid at Work' (1-day training) to be present at other times, e.g. early mornings, evenings, weekends and holidays, when employees are on the site, as determined by risk assessment.

- Provide a fully qualified **School Nurse** and a **medical centre**, available for most of the school day
- Provide **first aid equipment** and facilities at appropriate **locations** throughout the school, as well as an adequate number of appropriately qualified **First Aiders**;
- Provide adequate **training** and guidance for First Aiders, including refresher training at appropriate intervals and, where appropriate, specialist first aid training, for example:
 - First Aid for Lifeguards,
 - Sports First Aid training for PE staff
 - Schools First Aid / First Aid for staff accompanying pupils on lower risk educational visits
 - Activity First Aid / Outdoor First Aid / Rescue & Emergency training for staff accompanying pupils on higher risk educational visits or visits to remote locations;
- Make all **staff aware** of first aid arrangements and such information is included in the induction process for new staff and in annual updates for all staff
- **Display** lists of First Aiders names and their usual locations and the locations of first aid equipment
- Make **Parents aware** of the school's first aid arrangements and the procedures for informing them if their daughter has received first aid treatment at school, via information in the Year handbook;
- Keep a **record** of any first aid treatment administered in the Health Centre
- Keep a written record of all **accidents** and injuries to staff and pupils occurring both on and off the school premises as a result of school activities. Records are kept indefinitely.
- The School Nurse will inform the **HSE** of injuries that are reportable under **RIDDOR** without delay.
- The School Nurse will report all injuries to staff, and all injuries to pupils requiring treatment beyond that provided by the school nurse / First Aider, to the **H&S team at Trust Office**, directly or via **RIVO** on-line reporting system
- Parents are kept informed by the school nurse of any accident that has befallen their daughter by phone as soon as possible, which needs further investigation or monitoring
- Record 'Dangerous occurrences' and significant 'near misses'
- Review First-aid and accident reporting arrangements regularly.

School Practice

All school staff are expected to use their best endeavours at all times, particularly in emergencies, to secure the safety and welfare of pupils.

As a result of the First Aid risk assessment the **number of First Aiders** has been determined as follows:

- at least 5 First Aid at Work 3 day trained staff on the senior staff
- at least 5 1 day trained first aiders on the senior staff enabling them to accompany low risk trips away from school (see NOG 4.3.3.4)
- several 2 day qualified first aiders on the senior staff to accompany medium level and higher level risk trips (see NOG 4.3.3.4)
- all staff have sufficient first aid awareness to be able to call the emergency services

Staff volunteer to be trained as first aiders and the minimum requirement is exceeded. See end of this document for a full list of staff and their qualifications.

The **School Nurse** is located in the Health Centre. It is part of her responsibility to

- administer **first aid**
- organise an injured person's **transfer to hospital** in the case of an emergency.
- organise to contact of parents of any injured girl
- Keep a **register of staff** who have had first aid training, and ensure that an **up-to-date list of all first aiders** is posted in classrooms, communal areas around the school including the staff room and Sixth Form Common Room.
- undertake first aid training so she can deliver first aid awareness training to update staff annually.
- Keep copies of **first aid certificates** of trained staff
- Organise **refresher training** of first aiders as required usually every three years.
- Organise new first aiders as required
- Keep a list of **locations of all first aid kits** and publicise this list, along with the list of first aiders.
- Organise the provision and replenishment of **first aid kits** in school locations and for trips.
- Organise **immunisation** programmes
- Conduct **health checks** on Years 7 and 10
- Record all **accidents** to staff and pupils and report those accidents promptly to GDST and HSE (0845 300 99 23, emergency only), including all RIDDOR accidents as necessary (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations), via RIVO and the HSE website.

All First Aiders are covered by the Trust's insurance against claims for negligence provided that they are suitably trained, and are carrying out their duties for the school/Trust.

Guidance on when to call an ambulance

A member of staff on the scene of an accident will make a judgement and call the Health Centre for the **School Nurse**, (or her assistant or the Sports' Department for a First Aid at Work first aider, or Reception) or ring for an ambulance directly by dialling 999. The name, address, phone number and post code of the school will be asked for and this is stuck on or near each phone in the school. Obvious conditions which require an ambulance are anaphylaxis, severe asthma, suspected broken bones, heavy blood loss. Any head injury should be considered and if in doubt call an ambulance for an injury to be followed up in hospital. A qualified first aider will remain with the girl and accompany her to hospital until a

parent arrives. If non-emergency transportation is required, an authorised taxi service will be used. Emergency first aid will be administered until the ambulance arrives.

First Aid Equipment and Materials

Medical Centre

OHS Senior School provides

A medical room: sink, soap, drinking water and cups, paper towels, suitable store for first aid equipment, Suitable refuse container lined with disposable plastic bag, which is emptied regularly, suitable receptacle for sharps which is emptied regularly, e.g. by the company which changes the sani-bins, disposable gloves, a secure lockable cupboard for medicines and a lockable filing cabinet for confidential files

A rest room with 2 beds, three chairs

Washing and lavatory facilities

A list of the **location of first aid equipment**, stored in clearly identified first aid box or other suitable containers marked with a white cross on a green background, is kept, and notices alerting people of this fact are prominently displayed in appropriate areas. **NB** travel first aid kits, kits in minibuses or school vehicles, mobile first aid kits carried by specific personnel, and first aid kits in outlying buildings are included. See end of this document for a full list of locations.

The School Nurse is responsible for stocking and checking the first aid kits on a regular basis, and making records of when the boxes have been checked. Additional supplies are available from her if necessary.

Heads of Departments in areas where boxes are located are asked to notify the nurse when supplies have been used in order that they can be restocked without delay.

First Aid boxes contain:

- 1 Guidance card
- 20 individually wrapped adhesive dressings
- 4 triangular bandages
- 6 safety pins
- 2 sterile eye pads, with attachment
- 6 medium sized sterile unmedicated dressings
- 2 large sterile unmedicated dressings
- 1 pair of rust-less, blunt ended scissors
- 1 pair of disposable gloves
- 1 life-aid resuscitator

Travelling First Aid Kits

The contents of small travelling first aid kits, for staff working away from the main school buildings, should include:

- 1 Guidance card
- 6 individually wrapped adhesive dressings
- Individually wrapped moist cleaning wipes
- 2 triangular bandages
- 2 safety pins
- 1 large sized sterile unmedicated dressing

- 1 pair of rust-less, blunt ended scissors
- 1 pair of disposable gloves
- 1 life-aid resuscitator
- a laminated card giving emergency contact numbers

Minibuses and Coaches

Staff in charge of pupils travelling in minibuses and coaches need to have a current one-day first aid qualification. The vehicle must be equipped with the following first aid supplies in a clearly identified first aid box or other suitable container (designed to protect the contents from damp or dust) marked with a white cross on a green background.

- 1 Guidance card
- 24 individually wrapped adhesive dressings
- 10 individually wrapped moist cleaning wipes
- 2 triangular bandages
- 12 safety pins
- 3 large sterile dressings
- 2 sterile eye pads and attachments
- 1 disposable bandage, not less than 7.5cm wide
- 1 pair of rust-less, blunt ended scissors
- 1 pair of disposable gloves
- 1 life-aid resuscitator
- a laminated card of contact numbers

Science, Design Technology & Art Departments and Cleaning, Caretaking & Maintenance Departments

Eye Washing Facilities

Facilities are provided to enable the eyes to be immediately flushed with liberal quantities of clean water by installing a specialist mains eye washer tap or keeping a clean piece of hose pipe close to one sink within the laboratory / workshop / department (preferably the teacher's sink in teaching environments). The pipe can either remain attached to the tap or be placed in a clean bag close to the sink for access when required. If there are no 'mains water' eye wash facilities, then proprietary brand, sealed, eye wash solutions in containers of at least 1 litre size must be provided. Regular checks should be made to ensure these remain in date.

Phenol

Phenol is stored in the science department chemical store and used under strict guidelines and a risk assessment. An appropriate person is aware of first aid treatment relating to phenol "burns", has a supply of polyethylene glycol mol. weight 300 daltons (PEG 300), and is capable of rendering first aid.

Procedures for Non-Emergency Situations

Oxford High School Senior School informs **parents and pupils** via the year handbooks of the procedures we follow if a pupil is not well enough to attend school, or if she becomes ill at school and needs to be taken home. Parents and pupils are also made aware of the times when they can seek help or advice from the school nurse for non-emergency situations, e.g. headaches, or to discuss any concerns.

It is assumed that all girls attending school are healthy and fit to cope with the school day without leaving lessons for medical attention. The Health Centre is open for non-emergency visits for paracetamol, throat lozenges etc **only at certain times** that will be published by the school nurse and posted on the door of the Health Centre. Appointments for girls or parents to see the school nurse can be made by arrangement.

Parents are asked to contact Reception (phone or email oxfordhigh@oxf.gdst.net) by 9.30 on the morning of the **first day of absence** due to illness and on every subsequent day. If a girl becomes unwell during the day and needs to be taken home parents will be contacted by phone.

Medical information on each girl is updated annually and copies are kept in the Health Centre, the staff room for taking on Educational visits, the Sports Dept and the Music Dept. Additional further specific medical information is kept by the School Nurse and given to leaders of educational visits as necessary. A list of girls with special medical needs (e.g those with epi-pens or diabetes) is posted on the board in the back corridor of the staff room.

Administration of medicines during the school day.

Pupils are not allowed to carry **medicines** with them (except inhalers and epi-pens which they must carry with them at all times). If it is necessary to bring any prescribed medication into school, the School Nurse or her deputy must be contacted. Parents are required to complete a form giving us permission to administer medication in school or on a school trip. The prescribed medicine must be sent in in its original container/packaging with its dispensing label. The school nurse will need to check the medication, dosage and expiry date before administering it. Only the school nurse or her deputy (a 3 day first aider) will administer the medication and keep a record. On school trips a designated member of staff will be responsible for any medication that needs administering.

Paracetamol and piriton are kept in the Health Centre and given to girls if requested under the annual consent given by parents. Parents are informed by a note given to the girl that 1 or 2 paracetamol tablets have been administered. Spare and prescribed epi-pens are also kept in the health centre and given to group leaders for educational trips and out of hours activities.

Procedures for informing the parent body of Health Concerns such as swine flu

Web posting under **urgent updates** and Email and or text communication is used to get information rapidly to large numbers of parents with follow up mailing to those who missed out on email. There is a health section on the OHS website for parents www.oxfordhigh.gdst.net

Procedures in the Event of an Emergency

Examples of emergencies which require immediate first-aid assistance include:

- Severe allergic reactions
- Asthma attacks
- Epileptic fits
- Difficulty in breathing
- Fainting
- Hypoglycaemia in diabetics
- Bleeding
- Breaks or sprains
- Concussion

Staff and pupils should proceed as follows:

If you witness an incident and the injured person is able to walk, take them to the medical room. If the school nurse is not there send a message to Reception to ask them to contact a First Aider. Do not leave the person unattended. Administer emergency first aid if appropriate.

If you witness an incident and the injured person does not seem able to move, do not try to help them move; stay with them and send a message to Reception to ask them to contact the School Nurse or a First Aider. Administer emergency first aid as necessary and arrange to call for an ambulance if necessary. Any girl who has had an accident requiring urgent medical treatment will be taken to Accident and Emergency department of the John Radcliffe Hospital, (or the nearest accident and emergency hospital if on a trip).

Parents will be informed by phone as soon as possible if a girl suffers an accident or injury or visits the medical centre and is deemed too unwell to stay in school and she needs to be collected to go home.

Hygiene and Infection Control

All staff must take precautions to avoid infection and must follow basic hygiene procedures. They must have access to single use disposable gloves situated in all first aid boxes and the medical room and must wash their hands after any incident. The maintenance staff are trained to deal with spillage of blood and other bodily fluids and must be called to deal with such material. There are bodily fluid disposal kits in the medical centre. All materials used in these incidents are disposed of in the yellow clinical waste bins.

ACCIDENT REPORTING: all accidents must be documented

Staff Accident Book – For all accidents to staff, contractors and visitors which result in injury – however minor. May also be used for reporting incidents and work related health problems. The book readily available with the Nurse. Staff know where it is, and they are encouraged to report all injuries, even if first aid is not required. Tear out entries once made and keep them secure. Only allow access to completed Accident Book entries to people with good reason to see them. Anonymise entries for reporting to Health & Safety Committee, etc.

Pupil Accident Book – For all accidents to pupils which result in injury for which first aid is sought. A form rather than a book may be used. Completed forms should be kept secure; however, they can be made available to first aiders, parents, staff and others with good reason to see them. They should not be accessible to other pupils. Entries should be anonymised for reporting to Committee, etc.

Treatment Book – The Treatment Book lists every interaction between the Nurse and a pupil, member of staff or other person seeking attention. If the Nurse is unavailable, a first aider should list names and treatment on a separate sheet of paper, which can be collated into the Treatment Book by the Nurse. The book must be kept secure. Teaching staff with queries should speak directly with the Nurse. The Nurse may choose to withhold certain interactions from the Book, recording them for her own reference in a suitable, secure way.

OHS in common with all GDST schools uses an on-line incident and accident reporting system **RIVO** under the following headings: all accidents involving staff, all accidents involving pupils or visitors that are recorded in the accident book, all significant near misses and all dangerous occurrences.

RIDDOR F2508 – A RIDDOR report will be needed if an accident to staff results in a major injury or three days or more incapacity for work, or if an accident to a pupil or member of the public results in a trip to hospital and arises out of the school's activities.

Practical Departments in the school must keep their own log of accidents.

Accidents and illness on school visits, expeditions etc.

Whenever a group of girls is taken out of school e.g. to the theatre, museum or on a foreign exchange visit, a first aid kit must be obtained from the School Nurse and kept by staff-in-charge. A copy of each girl's medical information, with updates for each trip, must be taken on each trip

All incidents/accidents must be reported to the School Nurse on return to school, or as soon as possible in the case of a serious accident, which may have to be reported to the Health and Safety Executive within 24 hours. The trip leader must contact the SLT contact in the case of an emergency and ensure that parents are kept fully informed.

If an injured or ill pupil receives medical attention at a Hospital Accident and Emergency Department, please ask for a note outlining treatment given, X-rays taken etc. You can then pass this on to the parents on your return. This is a safeguard for you if parents question the treatment given.

Arrangements for pupils with particular medical conditions: (anaphylaxis, asthma, diabetes and epilepsy)

Anaphylaxis Emergency management for anaphylaxis

Anaphylaxis is a sudden and severe allergy reaction in most cases, triggered by exposure to an allergen by a susceptible individual.

Treatment of this medical emergency is firstly by administration of adrenaline by auto-injector for known sufferers.

If symptoms occur in an undiagnosed individual they should be put in recovery position while the Emergency Services are called if they are breathing. If not breathing resuscitation should be carried out while awaiting the Emergency Services arrival.

SYMPTOMS OF ANAPHYLAXIS:

- Swelling of the throat and mouth
- Difficulty in swallowing or speaking
- Difficulty in breathing due to severe asthma or throat swelling
- Hives anywhere on the body, often large wheals
- Generalised flushing of the skin
- Abdominal cramps, nausea and vomiting
- Sudden feeling of weakness, faintness caused by sudden drop in Blood Pressure
- Collapse and unconsciousness

WHEN SYMPTOMS OF ANAPHYLAXIS ARE SEEN IN A KNOWN SUFFERER:

- Talk to the pupil, try to keep her as calm as possible. Be calm yourself and reassure the pupil help is on its way.
- Send for the School Nurse or another member of staff trained in anaphylactic care, list to be compiled
- Send for the pupil's labelled Epipen which is kept in the School Health Centre Reception area (Cupboard clearly labelled)
- Send someone else to phone for the emergency services stating an anaphylactic episode is taking place and whether or not an epipen has been used.
- Help her to administer her Epipen/Anapen or administer it yourself. Remember to give the pen sooner rather than waiting, adrenaline will do no harm but will save a life if given. Administer following the instructions for using an Epipen.
- *Remove the injector from packaging*
- *Remove safety cap*
- *Hold the injector firmly in fist with the tip at right angles to girl's thigh*
- *Jab firmly into outer thigh from a distance of approximately 10 cm until you hear a click*
- *Hold in place for 10 sec (count out loud)*
- *Remove epipen and rub the area for 10 seconds. Put cap back on epipen (sharp)*
 - Note the time it was given, write this on your arm.
 - Stay with the pupil and observe response to the adrenaline until Emergency Services arrive. Be prepared to resuscitate if necessary.
 - Send someone to phone the parents and arrange to meet them at the Hospital.
 - Make sure the used pen and her care plan (in epi-pen pack) accompany her to hospital. Give used epipen (sharp) to Paramedics for correct disposal

- A member of staff will need to accompany her to hospital and stay until parents arrive.

ASTHMA Emergency management for asthma

I. THE ASTHMA ATTACK – WHAT TO DO

Pupils with asthma learn from their past experience of attacks; they usually know just what to do and will probably carry the correct emergency treatment. There are spare inhalers in the medical centre, but girls should carry their own.

If a pupil becomes breathless and wheezy or coughs continually: -

- Keep calm. It is treatable. Reassure the pupil.
- Let the pupil sit down in the position he/she finds most comfortable. Do not make him/her lie down.
- If the pupil's inhaler is not in school, call the parents
- Ensure the reliever medicine, (usually the blue container) is taken promptly and properly.
- Wait 5 minutes. Reassure all the time.
- If the symptoms disappear the pupil can go back to what she was doing.
- If the symptoms have improved but not completely disappeared, call the parents and give another dose of the inhaler.

2. SIGNS OF A SEVERE ASTHMA ATTACK

Any of these signs means severe.

- Normal relief inhaler does not work
- The pupil is breathless enough to have difficulty in talking normally
- Blue tingeing around the mouth
- The pulse rate is 120 per minute or more
- Rapid breathing of 30 breaths per minute or more
- If you have ANY doubts about the pupil's condition.

3. A SEVERE ASTHMA ATTACK – WHAT TO DO

- Keep trying the relief inhaler every 5-10 minutes. Do not worry about possible overdosing
- Call an ambulance. A member of staff should accompany the pupil for reassurance.
- Notify the parents or emergency contact. Arrange for them to meet their child and member of staff at the hospital.

Classroom management –

Pupils should carry inhalers with them at all times. Pupils are strongly advised keep a spare inhaler in the medical centre.

PE Lesson –

- All pupils take part in the lesson

- Pupils are responsible for taking their relief inhaler to the lesson. For younger pupils, inhalers will be given to PE teacher, prior to the lesson.
- Labelled relief inhalers can be given to the teacher in charge at the start of the lesson for safekeeping, or, as in cross-country running, carried with the pupil

In specific incidences it may be necessary to make individual appropriate arrangements.

General points-

- Pupils must take an inhaler with them to the sports hall, swimming pool, onto the sports field and on any school trip or journey (including sports fixtures).
- Pupils have access to their spare inhaler at all times. However, while every care is taken, the school cannot accept responsibility for any loss or damage to the inhalers and parents should check details such as the condition of the inhaler and expiry date regularly.
- No pupil is allowed on a school trip without her inhaler, unless we have a note from a doctor that she no longer needs one.

The School Nurse will frequently check that asthmatic pupils have an inhaler in school. If a pupil is a known asthmatic and no inhaler is in school then the parent/guardian will be contacted and asked to bring a relief inhaler into school.

DIABETES Emergency management for diabetes -

Pupils with diabetes need encouragement, understanding, and support to ensure a sense of independence. As a general rule most pupils will have a very good idea of how to manage their condition, and do so very well. It is therefore important to listen to their needs.

HYPOGLYCAEMIA (LOW BLOOD SUGAR)

Hypoglycaemia (hypo) is the most common short-term complication in diabetes and occurs when the blood glucose level falls too low. This is especially likely to happen before meals. Hypo happens very quickly but most pupils have warning signs that will alert them, or people around them, to a hypo.

HYPOGLYCAEMIA (Low blood sugar)	
Watch out for	Excessive sweating, faintness, paleness, headache, tingling lips, pounding of the heart, blurred vision, hunger, irritability, lack of concentration, personality change, difficulty awaking
What to do	<p>Contact the School Nurse/First Aider Give sugar or food containing sugar (e.g.3 glucose tablets or a drink with 2 tsps. sugar followed by biscuits, a yogurt or a sandwich. (improvement within 15 minutes) If available, put Hypostop on the inside of the cheeks and gently massage them on outside (as per packet/Health Care Plan instructions) Do not give Hypostop or fluid if person is unconscious If unconscious put into the recovery position Dial 999 & contact parents</p> <p><i>Always turn off an insulin pump if used</i></p>
Causes	Too much insulin

	Not eating enough food Unusual amount of exercise Delayed meal Stress Hot weather
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HYPERGLYCAEMIA (High blood sugar)

This develops much more slowly than Hypoglycaemia but can be more serious if untreated. Ketoacidosis, a condition that can occur when there is too little insulin present in the body can occur. It is unlikely to be a problem in school but it is helpful if staff are aware of the symptoms; it may also be noticeable if a pupil is away on a school trip for any length of time.

HYPERGLYCAEMIA (High blood sugar)	
Watch out for (Stage 1)	Very thirsty, passing a lot of urine, feeling tired and weak, small amount of ketones in the urine, blood sugar level 15mmol/l or above
(Stage 2 - ketosis)	As above + nausea & vomiting, abdominal pain, deep rapid breathing, breath smelling of acetone, moderate to large amounts of ketones in urine, drowsiness, unconsciousness
What to do	Inform the School Nurse/First Aider, do more frequent testing-either urine or blood test. Test urine for ketones, give fluids without sugar if able to swallow, student may be able to give themselves insulin injection, Call 999 & contact parents
Causes	Too little or no insulin, eating more carbohydrates than diet allows for, infection, fever, emotional stress, less exercise taken than usual.
<i>NEVER miss an insulin injection</i>	

Classroom management -

Staff will be aware of all diabetics. Communication with the school nurse and parents will ensure adequate support is provided. It is advisable for staff to ascertain from the pupil their degree of knowledge. Any staff concerns should be reported to the School Nurse.

General points-

- No pupil is to be allowed out of the classroom alone or be left unattended if unwell
- A small snack will be allowed in the classroom if necessary
- Privacy for blood testing will be provided
- PE staff need to have a supply of glucose sweets/drinks available when off site and at sport events
- The medical centre and the staff room have a supply of glucose sweets/cereal bars/drinks available if the pupil's own supplied have run out.
- The medical centre has a supply of insulin and testing equipment if the pupil's own material has run out/been forgotten

Extra curricular activities -

Day Outings should not cause any real problems. Staff should remember to take a copy of the Diabetes Record Sheet and some extra food in case of unexpected delays. In

addition pupils should take their insulin and injection kit just in case delays continue over their usual injection time.

Overnight stays – These will include injection routines and blood glucose monitoring or maintenance of an insulin pump. Staff will need to be confident that the pupil is able to do their own injections or that there is a member of staff willing to take responsibility for helping with injections and blood glucose testing. For residential trips a separate risk assessment is done and a meeting with parents and the school nurse and party leader is needed to ascertain that staff are fully aware of pupil’s needs and capabilities. Use of a fridge may be required..

Checklist for trips/holidays

Student Pack	Staff Pack
<input type="checkbox"/> Glucose in case of hypos, eg fizzy drink (not diet), glucose tablets	<input type="checkbox"/> <i>Diabetes Record Sheet</i>
<input type="checkbox"/> Food for the journey eg sandwiches in case of delayed travel	<input type="checkbox"/> School trip information
<input type="checkbox"/> Personal identification eg Diabetes UK identification card or identification bracelet/necklace	<input type="checkbox"/> Glucose in case of hypos eg fizzy drinks (not diet) glucose tablets
<input type="checkbox"/> Insulin + spare in case of loss/damage	<input type="checkbox"/> Risk Assessment
<input type="checkbox"/> Syringes or insulin pen and needles plus spares in case of loss damage (Disposal container for sharps etc)	<input type="checkbox"/> Contact details
<input type="checkbox"/> Blood & urine testing equipment and spare testing strips	<input type="checkbox"/> Ensure availability of 'fridge in hotel
<input type="checkbox"/> Cool bag for transportation of insulin	<input type="checkbox"/>

EPILEPSY Emergency management for epilepsy -

Most seizures happen without warning, last only a short time and stop without any special treatment. Injuries can occur, but most people do not come to any harm in a seizure.

AIM: To protect the patient from injury and ensure that the airway is kept clear during unconsciousness.

To reassure and give care when consciousness is regained. *It is important to keep calm.*

When the seizure starts	<ul style="list-style-type: none"> <input type="checkbox"/> Note the time
Call for help	<ul style="list-style-type: none"> <input type="checkbox"/> Another student can contact the School Nurse/Duty First Aider
Protect the casualty	<ul style="list-style-type: none"> <input type="checkbox"/> Ask bystanders to move away. Maintain their dignity <input type="checkbox"/> Remove potentially dangerous items/loosen tight neckwear and remove spectacles <input type="checkbox"/> Protect the casualty's head by placing a pillow under the head <input type="checkbox"/> Turn head to side if possible to maintain clear airway
DO NOT:-	<ul style="list-style-type: none"> <input type="checkbox"/> Put anything in the mouth <input type="checkbox"/> Restrain or restrict movements during the seizure <input type="checkbox"/> Move, unless in danger <input type="checkbox"/> Give anything to eat or drink until fully recovered and alert
When the seizure has ceased	<ul style="list-style-type: none"> <input type="checkbox"/> Check for breathing. If breathing present- <input type="checkbox"/> Turn into the recovery position <input type="checkbox"/> Continue to monitor response, pulse & breathing <input type="checkbox"/> If breathing not present – be ready to give CPR <input type="checkbox"/> Reassure – if patient seems confused, tell them what happened <input type="checkbox"/> Check for Injury – apply first aid if necessary <input type="checkbox"/> Observe and stay with patient until recovery complete <input type="checkbox"/> Accompany to Medical Room & offer assistance if any incontinence etc <input type="checkbox"/> Notify parent/guardian <input type="checkbox"/> Complete relevant documentation

IT IS A MEDICAL EMERGENCY AND MEDICAL ASSISTANCE SHOULD BE SOUGHT IF:-

- Someone has injured themselves badly in a seizure**
- They have trouble breathing after a seizure**
- One seizure immediately follows another or the seizure lasts more than five minutes and you do not know how long they usually last**
- The seizure continues for longer than usually for that person**
- This is the first seizure for the person**

Not all seizures are the same therefore it is useful if observations can be made.

OBSERVATIONS

- How did the seizure begin? Was there an aura?

- Is the onset generalised (whole body) or localised (just one part)?
- Was there any loss of consciousness, or altered awareness?
- Are there any convulsive movements?
- Did the patient bite their tongue or pass urine during the attack?
- How long did the seizure last, and if more than one, what was the time interval in between?
- What is the condition of the patient afterwards? Did they need to sleep?
- Any other observations?

***SEIZURE IN WATER**

Watch for loss of coordination, possible involuntary movement of head, poor direction – may veer off course

Management – approach from behind, ensure head is kept above water, tow pupil to shallow water, after attack assist pupil out of water to the side of the pool. First aid as above.

Classroom management –

Staff will be aware of all epileptics. Communication with the school nurse and parents will ensure adequate support is provided. It is advisable for staff to ascertain from the pupil if s/he has informed her peers of her epilepsy and their degree of knowledge. Any staff concerns should be reported to the Head teacher or school nurse.

- **Absence Seizures –**
 - Understanding and a matter-of fact approach are all that is needed.
 - Staff should be aware of the need for the pupil to catch up on any information missed during the seizure.
 - Other pupils may not be aware that anything has happened.
- **Tonic-Clonic Seizure -**
 - Calmly reassure the rest of the class and ask them to move away from the pupil having the seizure.
 - Whenever possible move the class out of the room.
 - Only move the pupil if there is a danger of sharp or hot objects or electrical appliances.
 - Send for the School Nurse/First Aider and request a pillow and blanket.
 - Follow the first aid guidelines as above.
 - If this is a regular occurrence spare clothes should be kept at school in case of incontinence

A teacher recognising a pupil with an increasing number of seizures or appearing drowsy, over-active, or inattentive should inform the school nurse.

Sport & other leisure pursuits -

Pupils are encouraged to participate fully in all activities unless otherwise advised by their parents/Doctor.

Safety helmets are required when horse riding, cycling (not in busy traffic) and in some contact sports.

The following sports are not advisable-

- Mountaineering
- Boxing
- Swimming* in the open sea – unless well supervised and safe area
- Water skiing and scuba diving – may be considered if safe environment & additional supervision.
- *Life jackets are essential at all times.*

Televisions/Discos/strobe lighting –

Approximately 3-5% of people with epilepsy have 'photosensitive epilepsy'. Approaching a TV or strobe lighting with one eye shut can help. Avoid Disco lights if possible.

Science/Technology –

Normal standards of supervision should ensure safety in lessons where machinery or laboratory apparatus is used. It should be noted that if a pupil experiences a seizure – she will usually fall backwards, therefore, hopefully not onto any apparatus or machinery.

Medication –

Most anti-epileptic drugs are taken morning and evening, avoiding the inconvenience of taking medication at school.

Any medication required in school time will be given according to the Administration of Medicines Protocol.

Rectal Diazepam (a drug used to stop prolonged seizures) will only be given by a trained person. Instructions for use must come from the prescribing doctor. An authorisation form must be completed.

Staff trained in giving Rectal Diazepam will be named in the Health Care Plan.

For female pupils, two female adults, to be present for this treatment, minimises the potential for accusations of abuse. The dignity and privacy of the girl must be maintained at all times.

Further information on the action to take in the event of anaphylaxis, asthma attacks, epilepsy/seizures and hypoglycaemia/hyperglycaemia can be found in the 'Chronic Illness' and 'Allergy' Protocols in NOG H&S section 5.1.2.

OHS FIRST AID TRAINING NOVEMBER 2011

SURNAME	FIRST NAME	CERTIFICATE	Days	DATE OF TRAINING	DATE FOR RETRAINING	
BELL	KAY	SCHOOLS FIRST AID		1	9/09	9/12
BENNETT	DEBORAH	SCHOOLS FIRST AID, W M T		1,2	9/09, 6/10	9/12, 6/13
BERRY	JANE	FIRST AID AT WORK		3	6/1	6/13
BERRY	SUSAN	SCHOOLS FIRST AID		1	9/9	9/12
BLACK	LAURA	EMERGENCY FIRST AID AT WORK		1	10/11	10/14
BOWDEN	EMILY	EMERGENCY FIRST AID AT WORK		1	5/11	5/14
BRAMALL	JULIE	SCHOOLS FIRST AID		1	9/9	9/12
BRAZEL	ANNE	EMERGENCY FIRST AID AT WORK		1	10/11	10/14
BURTON	RACHEL	EMERGENCY FIRST AID AT WORK		1	2/11	2/14
CARDER	CATHERINE	EMERGENCY FIRST AID AT WORK		1	10/11	10/14
CARLISLE	JUDITH					
CHARLTON	CHRISTINE					
COLLINS	JOSEPHINE	EMERGENCY FIRST AID AT WORK		1	10/11	10/14
CURRY	OLWEN					
DELANEY	CHRISTINE	EMERGENCY FIRST AID AT WORK		1	10/11	10/14
DELANEY	GRAEME	TO RE-BOOK				
DERRICK	SUSAN	FIRST AID AT WORK		3	6/1	6/13
FLANNERY	DENISE	FIRST AID AT WORK, A F A		3, 1	12/09, 6/10	12/12, 6/13
GALLACHER	MIKE	SCHOOLS FIRST AID		1	9/09	9/12
GIBSON	SALLY	FIRST AID AT WORK		3	4/1	5/13
GIRLING	MARI	SCHOOLS FIRST AID, W M T		1, 2	9/9, 6/10	9/12, 6/13
GREEN	LAURA	SCHOOLS FIRST AID		1	10/09	10/12
HARSKIN	SABINE	EMERGENCY FIRST AID AT WORK		1	9/1	9/13
HOBBS	JOSEPH	OUTDOOR FIRST AID		2	6/09	6/12
HUDSON	MATTHEW	SCHOOLS FIRST AID		1	9/09	9/12
HUGHES	SARAH	EMERGENCY FIRST AID AT WORK		1	10/11	10/14
HYPHER	RICHARD	SCHOOLS FIRST AID		1	9/09	9/12
IRVINE	SHELLY	SPORTS FIRST AID		1	2/1	2/13
KELLY	ALISON	EMERGENCY FIRST AID AT WORK		1	10/11	10/14
KNAPP	ANGELA	EMERGENCY FIRST AID AT WORK		1	10/11	10/14
LEA	STEPHANIE	EMERGENCY FIRST AID AT WORK		1	10/11	10/14
LE BIHAN	CHARLOTTE	EMERGENCY FIRST AID AT WORK		1	3/11	3/14
LIEBRECHT	SARAH	EMERGENCY FIRST AID AT WORK		1	9/1	9/13
LIU	YAN	EMERGENCY FIRST AID AT WORK		1	5/11	5/14
MARTIN	ALEXANDRA	EMERGENCY FIRST AID AT WORK		1	10/11	10/14
MERRICK	KATIE	FIRST AID AT WORK		3	7/11	7/14
MCKINNELLY	AMANDA					
NICHOLL	JONATHAN	OUTDOOR FIRST AID		2	5/11	5/14
O'NEILL	CATHY	EMERGENCY FIRST AID AT WORK		1	10/11	10/14
PACKARD	ROB	EMERGENCY FIRST AID AT WORK		1	9/1	9/13
PALLAS-BROWN	RACHEL	EMERGENCY FIRST AID AT WORK		1	9/1	9/13
PAN	XIU HUA	EMERGENCY FIRST AID AT WORK		1	9/1	9/13
PERRY	SUE	FIRST AID AT WORK		3	9/11	9/13
PHILLIPS	CHRISTOPHER	SCHOOLS FIRST AID		1	9/09	9/12
RAMM	JUDY	FIRST AID AT WORK		3	4/1	4/13
READING	JENNY	EMERGENCY FIRST AID AT WORK		1	10/11	10/14
RUNACRES	JULIE	EMERGENCY FIRST AID AT WORK		1	9/1	9/13
RUSHTON	MARK	OUTDOOR FIRST AID		2	5/11	5/14
RUTTY	RACHEL	SCHOOLS FIRST AID		1	9/09	9/12
SLOAN	ELIZABETH	EMERGENCY FIRST AID AT WORK		1	10/11	10/14
SOLOVYOVA	KATERINA	EMERGENCY FIRST AID AT WORK		1	10/11	10/14

SPIKES	ROGER	EMERGENCY FIRST AID AT WORK	1	9/1	9/13
SQUIRE	SARAH	EMERGENCY FIRST AID AT WORK	1	6/1	6/13
STELLARDI	MARGHERITA	EMERGENCY FIRST AID AT WORK	1	9/1	9/13
STEWART	ANNE	EMERGENCY FIRST AID AT WORK	1	10/11	10/14
STEWART	MIRANDA	SCHOOLS FIRST AID	1	9/09	9/12
STONE	JUDITH	SCHOOLS FIRST AID	1	9/09	9/12
STROBEL	CLAUDIA	EMERGENCY FIRST AID AT WORK	1	5/11	5/14
TOWNEND	FRANCES	EMERGENCY FIRST AID AT WORK	1	9/1	9/13
WANG	JUAN	EMERGENCY FIRST AID AT WORK	1	10/11	10/14
WATERFIELD	TOM	EMERGENCY FIRST AID AT WORK	1	10/11	10/14
WEEKS	PAUL	SCHOOLS FIRST AID	1	9/09	9/12
WELSFORD	REBECCA	EMERGENCY FIRST AID AT WORK	1	9/1	9/13
YEO	KATIE	SCHOOLS FIRST AID	1	11/09	11/12

WMT = Wilderness Medical Training
AFA = Anaphylaxis First Aid

FIRST AID – INFORMATION TO STAFF

If you are injured or become ill while in school, or if a colleague, pupil or visitor in school is injured or becomes ill, you must report immediately to:

THE SCHOOL NURSE, who is available in School Health Centre telephone ext. **30031**.

If the Nurse is not available, **IN EMERGENCY ONLY** contact Reception (30000) who will contact a member of the sports department (30017 / 30026).

OTHER MEMBERS OF TEACHING AND SUPPORT STAFF WITH CURRENT FIRST AID TRAINING ARE:

FIRST AID AT WORK (3 DAY): Mrs D Flannery, Mrs J Ramm, Miss S Derrick, Mrs J Berry, Mrs S Gibson, Miss K Merrick, Mrs S Perry.

EMERGENCY FIRST AID AT WORK (1 DAY): Dr S Squire, Mme S Harskin, Mrs S Liebrecht, Mr R Packard, Miss R Pallas-Brown, Mrs X Hua Pan, Mrs J Runacres, Mr R Spikes, Mrs M Stellardi, Mrs F Townsend, Miss R Welsford, Mrs E Bowden, Miss R Burton, Mlle C Le Bihan, Dr Y Liu, Mrs C Strobel, Mrs L Black, Mrs A Brazel, Mrs C Carder, Mrs J Collins, Dr C Delaney, Miss S Hughes, Dr A Kelly, Mrs A Knapp, Miss A Martin, Ms C O'Neill, Mrs J Reading, Mrs E Sloan, Mrs K Solovyova, Miss A Stewart, Ms J Wang, Ms S Lea, Mr T Waterfield.

SPORTS FIRST AID (1 DAY): Miss S Irvine.

FIRST AID AT WORK (1 DAY): Miss K Bell, Mrs D Bennett, Miss S Berry, Ms J Bramall, Mr M Gallacher, Ms M Girling, Mr M Hudson, Mr R Hypher, Mr C Phillips, Miss R Ruddy, Miss M Stewart, Mrs J Stone, Dr P weeks, Mrs L Green, Mrs K Yeo.

OUTDOOR TRAINING (2 DAY): Mrs D Bennett, Ms M Girling, Mr J Hobbs, Mr J Nicholl, Dr M Rushton.

FIRST AID EQUIPMENT IS AVAILABLE IN THE:

Health Centre (2 boxes, 10 kits), Laboratories and preparation rooms (9kits), Sports Hall Office (2 kits), Swimming pool, Groundsman's shed, Head of year 7 office, History store room (1st floor), Sixth form common room, Art block, Drama Studio, Music School, Library office, Kitchens, Geography/RS office (top floor), Maths office, Staff room, D.T room, Reception, Textiles room, English staff office and the Minibus.

SCHOOL VISITS, EXPEDITIONS:

Whenever a group of girls is taken out e.g. to the theatre, museum, or on a foreign exchange visit, a first aid kit/s must be obtained from the Nurse and kept by the group leader (one per coach or working group). A first aid box should always be taken on away match visits.

IF, FOR ANY REASON, YOU USE FIRST AID EQUIPMENT, OR PROVIDE TREATMENT TO ANYONE ELSE, YOU MUST INFORM THE NURSE AS SOON AS POSSIBLE SO THAT CORRECT RECORDS CAN BE MAINTAINED AND FIRST AID SUPPLIES REPLENISHED.

Further Information and Guidance

- Oracle - Health & Safety
- GDST 'Medical Manual' – accessible via Medical Sharepoint site and H&S Oracle
- GDST 'Medicines Administration Protocol' – accessible via Medical Sharepoint site and H&S Oracle
- GDST 'Allergy and Anaphylaxis Protocol' – accessible via Medical Sharepoint site and H&S Oracle
- GDST 'Chronic Illness Protocol' – accessible via Medical Sharepoint site and H&S Oracle
- SharePoint – Medical and H&S sites
<http://myplace.uk.gdst/ourplace/collaborationareas/medical/default.aspx>
<http://myplace.uk.gdst/dept/legal/healthandsafety/default.aspx>
- Guidance on First Aid for Schools - A Good Practice Guide - DfEE – 1998
- Approved Code of Practice and Guidance to the H&S (First Aid) Regulations 1981 – L74 – HSE (revised 2009)

DOCUMENTS TO COMPLETE AFTER AN ACCIDENT ARISING OUT OF OR IN CONNECTION WITH YOUR WORK ACTIVITY (RIDDOR) PUPIL / VISITOR / SELF-EMPLOYED CONTRACTOR

WHO WAS INJURED?

Any person who is not an employee or a trainee at work, e.g. a pupil or visitor

In addition if pupil is under 5 years of age

WHAT KIND OF INJURY WAS IT?

- Fatal Injury
- OR**
- Any injury requiring person to be taken directly to hospital
- Resulting From:**
- A fault with the premises, equipment, **or** lack of / inadequate supervision

Sporting injury
Pupil taking part in a curriculum sporting activity (PE lesson, match, match practice, not an after-school club) sustains an injury and is taken directly to hospital from the school premises. (NB if the pupil goes home and then goes to hospital it is not RIDDOR reportable even if a serious injury, e.g. broken bone is detected at a later date.)

Any other injury

Major injury resulting in child being taken to hospital

NOTIFY THE HSE IMMEDIATELY
Via website or
tel 0845 300 9923 (fatalities/major incident)
or www.riddor.gov.uk

No action required under RIDDOR.

Report incident to Ofsted within 14 days. Tel 08456 404040 - Children's Services Dept (requirement of EYFS Statutory Framework)

ACTION REQUIRED

- Complete Pupil/Visitor/Contractor Accident Record and Treatment Book
- complete RIVO report (usually school nurse) which is available to GDST
- Make and keep a record of all relevant details pertaining to the accident, and actions taken to prevent similar accident occurring in the future

EMPLOYEE

DOCUMENTS TO COMPLETE AFTER AN ACCIDENT ARISING OUT OF OR IN CONNECTION WITH YOUR WORK ACTIVITY

THE REPORTING OF INJURIES, DISEASES AND DANGEROUS OCCURRENCES
REGULATIONS 1995 (RIDDOR)

WHO WAS INJURED?

Member of staff (full-time, part time or temporary), a trainee at work, or a self employed person
NB Treat peripatetic staff as a pupil or visitor

WHAT KIND OF INJURY WAS IT?

Fatal or
specified
**major
injury***

Other accident
(including act
of physical
violence) not
major but
causing
**incapacity to
work for more
than 3 days**

Death of an
employee,
which occurs
not more than
1 year after a
reportable
injury which led
to that death

Other
injury

ACTION REQUIRED

NOTIFY THE HSE IMMEDIATELY
(Does not apply to self employed)
via website
Telephone 0845 300 9923 or
www.riddor.gov.uk

NOTIFY THE HSE WITHIN 10
DAYS OF THE ACCIDENT

Report to HSE in
writing as soon as it
comes to employer's
knowledge

No action required
under RIDDOR

- Complete staff accident book
- Complete form RIVO report and send to Trust Office
- Make and keep a record of all relevant details pertaining to the accident, and actions taken to prevent similar accident occurring in the future

***Examples of 'Specified Major Injuries' reportable under RIDDOR – for full list see section 4.4.2 of NoG**

- Any fracture, other than to the fingers, thumbs or toes
- Any amputation
- Dislocation of the shoulder, hip, knee or spine
- Loss of sight (whether temporary or permanent)
- A chemical or hot metal burn to the eye or any penetrating injury to the eye
- Any injury resulting from an electric shock or electrical burn leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours
- Any other injury:
 - leading to hypothermia, heat-induced illness, or
 - to unconsciousness, or
 - requiring resuscitation, or
 - requiring admittance to hospital for more than 24 hours.
 - Loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent.