



Halliford
School
SHEPPERTON

First Aid Policy

September 2018

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Mission Statement

Halliford is a school based on strong family values where we know and respect every student as an individual. We encourage and support Hallifordians to flourish and become the best version of themselves that they can possibly be.

We aim for excellence by being academically ambitious but at the same time academically sensitive.

We inspire Hallifordians within a community that is founded on high quality teaching and learning, outstanding pastoral care and first class sporting, cultural and extra-curricular opportunities.

Introduction

In accordance with Health and Safety legislation (Health and Safety (First Aid) Regulations 1981), the Governing Body is responsible for ensuring that there is adequate and appropriate First Aid provision at all times when there are people on the School premises and for staff and **students** during off-site visits and activities.

ISI Regulatory Standard 3.1.3 (6) states that 'The School shall have and implement a satisfactory written policy on first aid'. Standard 5(l) specifies that 'there should be appropriate facilities for **students** who are ill.'

Aims and objectives

To enable the provision of adequate and appropriate health care and first aid to students and staff, whilst on the School premises and during off-site visits and activities.

To facilitate the care of sick or injured students whilst in the care of the School, outlining the procedures to be followed and the support to be provided to those students.

This policy to be available to all students, staff and parents/guardians and to be reviewed annually and updated where necessary.

Provision of first aid personnel and equipment

The School Matron is Mrs Kate Davis who is first aid trained (First Aid at Work Certificate) and has undertaken further training relevant to her position. Matron is on duty from 8.30am to 3.55pm five days a week and can be contacted directly on 01932 234928 or by email matron@hallifordschool.co.uk Matron will endeavour to return calls and emails as soon as possible, but will not be able to discuss medical matters if other students are present.

Matron is responsible for providing health care and first aid support to students during school hours and students and staff can access the room without accompaniment during the school day. The exception to this would be if there was a concern for their safety, for example if they had a head injury where they should be accompanied either by a member of staff or another student. It is the responsibility of Matron to inform parents/guardians of any significant illness or injury and maintain accurate records, including Accident/Incident Reports.

The School aims to have a minimum of ten qualified first aiders on the staff, in addition to Matron. A list of qualified first aiders is kept with Matron and is also kept on the staff notice board as well as on the student notice boards. It is the task of the Bursar to ensure that this target is met and that those qualified receive the appropriate continuation training in order to keep themselves up to date.

First Aiders are responsible for responding effectively to calls for assistance, providing appropriate treatment within their level of competency, summoning further help and keeping accurate records.

A list of current First Aid Trained members of staff is available in Appendix 1

Any student feeling unwell will be assessed by Matron prior to treatment or being sent home. If the injury requires hospital treatment then parents will be contacted or in cases of an emergency, an ambulance will be called. A record of medication given and treatment is recorded in the medical section of the School database.

Matron is responsible for:

- Providing First Aid support during school hours
- Informing parents of any incident where significant injury or illness has occurred.
- Liaising with the SMT and Pastoral Committee on First Aid issues
- Organising provision and regular replenishment of First Aid equipment. All equipment is checked termly with the exception of Sport First Aid Bags which are replenished and checked weekly.
- Maintaining records of Accident Reports
- Providing First Aid equipment and specific medication for staff who are involved in day and residential trips.

Qualified First Aiders are responsible for:

- Responding promptly to calls for assistance
- Providing First Aid support within their level of competence
- Summoning medical help as necessary
- Recording details of treatment given on Accident Report Forms (ARF's)

The Director of Sport is responsible for:

- Ensuring appropriate First Aid cover is available at all sports and activities including after school and weekend matches.
- Ensuring First Aid kits are available for all practice sessions and matches.

All staff are responsible for:

- Acting in capacity of responsible adult in the event of an emergency
- Accurately recording all accidents on Accident Report Form
- Carrying out risk assessments for any off-site trips and ensuring adequate First Aid provisions are taken. (First Aid kits for trips are available from Matron).
- It is preferable that a First Aider accompanies any School trips.

Medical Room and First Aid Equipment

The School has a Medical Room which is well equipped to provide care for sick or injured students.

If Matron is not available, details of how to access medical assistance will be displayed on the door, or a student must go to Reception who also hold a list of qualified First Aiders to be called in such circumstances.

First Aid Boxes

There are First Aid boxes located in many areas around the School premises. Eyewash stations are also available in the D&T Room, the Science Prep Room and the new Science Lab.

There are 10 First Aid bags suitable for sporting events and 2 bags specifically equipped for Duke of Edinburgh Award Expeditions.

A list of the location of First Aid Boxes around the School premises can be found in Appendix 2

It is the responsibility of Matron to ensure that the First Aid boxes meet statutory requirements, are checked against a stock list and replenished once a term as necessary.

Defibrillator

The School has a defibrillator to treat cardiac emergencies. It is located to the left of the outer door by the Registrar's office at the rear of the main building. It is housed in a heated cabinet and shows a flashing light after dark. It is the responsibility of Matron to check the defibrillator.

Defibrillators are designed to be used by any responsible person in an emergency. The machine will give guidance once opened and switched on.

Training

In addition to arranging the training needed to qualify and keep in date the qualified first aiders, the School will run general first aid training for all staff at least every three years. In addition, the School will also arrange targeted training for the use of Epipens and other essential equipment on a more regular basis. It is the duty of Matron to keep a log of such training. All staff have been trained to use Epipens and this is due to be updated in January 2018. To supplement this training and refresh staff on the use of Epipens they are advised to follow the link below.

<https://www.youtube.com/watch?v=9mk5GrFAdc>

Actions in the event of incidents

Actions in the Event of an Incident on School Premises

The following instructions are intended to provide general guidance. They are neither exhaustive nor rigidly prescriptive. Members of staff are expected to make use of their judgement and experience.

a. Minor Sickness and Injury in a Classroom

- If the individual is able to walk unescorted, they should be sent to report to Matron.
- If the individual appears in any way unsteady, they must be escorted to Matron.
- On arrival, it is the task of Matron to decide what action needs to be taken.

b. Serious Sickness and Injury in a Classroom: In the event of serious injury/sickness the individual should be immobilised and made as comfortable as possible while the help of Matron and/or a qualified First Aider is sought. It will be the task of Matron and/or the qualified First Aider to decide on the follow up action to be taken.

c. Sickness and Injury outside the Classroom: In the event of minor injury/sickness outside the classroom the member of staff concerned is to follow the same basic procedures as for sickness/injury in the classroom.

In the event of serious injury or sickness, the victim is to be immobilised and made comfortable. Matron and/or a First Aider should be summoned immediately. In the event of a potentially serious injury, particularly neck, head or back injuries the casualty must **not** be moved. If it is clear that hospital treatment will be required, the Surrey Ambulance Service should be called immediately. If the case is less clear cut the decision to call the ambulance service should be left for Matron or the First Aider, once they have made an informed assessment. However, if in doubt the ambulance service will be called. The School recognises that Staff acting as First Aiders can only give the amount of treatment that each individual feels competent to give. An ambulance should be called when there is not sufficient expertise or equipment to control a medical situation and it is not appropriate to move the patient. This could be due to any injury or illness.

In all cases of concussion, the RFU guidelines are followed. Players suspected of having concussion or diagnosed with concussion must go through a graduated return to play protocol (GRTP). If any student has been diagnosed with concussion playing for a club or team outside of school **it is the parents' responsibility to inform the School** with full details of the incident, so that the GRTP can be followed before they are allowed to play for the School.

d. Movement to Hospital: In the event that anyone has to be taken to hospital they are to be accompanied by Matron or, in her absence, by a member of staff.

e. Communication with Parents/Guardians: The relevant parents/guardians are to be informed as to what has happened as soon as possible. This will usually be done by Matron but in her absence it is the responsibility of the School Reception. In the event of a serious incident or injury, a senior member of staff is to make the contact.

f. Accident Report Form to be completed. This is to be completed by the attending member of staff and these details then are sent on to Matron to complete the form. If the student has to be sent to hospital for treatment a RIDDOR may need to be submitted.

Actions in the Event of an Incident not on School Premises

The following instructions are intended to provide general guidance. They are neither exhaustive nor rigidly prescriptive. Members of staff are expected to make use of their judgement and experience.

a. Day Trip: Day trip covers educational and other visits to places such as museums, galleries, concerts, conferences and sites of interest. Staff are to note the following:

- Check that all attending are well before departure
- Ensure they are aware of those students with any allergies or other medical conditions
- Be aware of the medical support available at the location being visited
- Use local first aid at the visit site for minor injury and illness
- In the event of a serious illness or injury, contact the emergency services
- Always inform the School of the details so that parents/guardians can be contacted

b. Multi-day Trips: Multi-day trips include such things as sports tours, ski trips, adventure training, and cultural visits.

- Part of the preparation of the trip is to include checking on medical facilities
- First aid cover should usually be included within the composition of the party
- Minor incidents should be handled within the resources of the party
- Major incidents will involve the use of the local emergency services
- Always inform the School of the details so that parents/guardians can be contacted

All staff are responsible for carrying out risk assessments for any off-site trips and taking adequate First Aid provision. Any incidents on trips should be accurately recorded and reported to Matron. Matron will provide medical details and First Aid kits for each trip.

Emergency medical parental consent

The current parents' terms and conditions allow the Headmaster or his appointed staff to take any necessary action or provide any necessary medical permission to a hospital if the parents/guardians cannot be contacted. In this event, due consideration would be given, wherever possible, to the students recorded ethical or religious background.

The Governing body indemnifies all staff against claims for any alleged negligence or error, providing they are acting within their conditions of service and following school guidelines and policies.

Ambulances

To call an ambulance from the School dial '999' for the emergency services.

If an ambulance is called, then the First Aider or Emergency First Aider should make arrangements for the ambulance to have access to the location of the injured person. For the avoidance of doubt the First Aider should provide the address and /or location and should arrange for the ambulance to be met.

Arrangements should then be made to ensure that any student is accompanied in the ambulance, or followed to hospital, by a member of staff if it is not possible to contact the parents in time.

Staff should **always** call an ambulance in the following circumstances:

- In the event of a serious injury or illness
- In the event of any significant head injury
- In the event of a period of unconsciousness
- Whenever there is the possibility of a serious fracture or dislocation
- In the event that the Matron or First Aider considers that he/she cannot deal adequately with the presenting condition by the administration of First Aid or if he/she is unsure of the correct treatment.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

It is a legal requirement to report certain accidents and ill health at work for the Health and Safety Executive in certain circumstances, such as death, major injuries, accidents resulting in over 7 days absence due to injury, diseases, dangerous occurrences, gas incidents and where any members of the public are taken to hospital from the school site.

Accidents and major incidents are recorded on School Accident Report Forms by the member of staff who witness the accident or who first responds to the incident and should be submitted to the Matron ideally within 24 hours. The completed form is circulated to the Headmaster and Head of Pastoral Care for information and comment.

A collated list of accidents is circulated at the Governors' Safeguarding Committee and at Governors Premises meeting.

Sporting Activities: It is the duty of the PE staff to ensure that any member of staff involved in the games programme receives the briefing and/or training needed to enable them to handle any first aid related incidents with confidence and efficiency. In principle, staff should follow the same procedures as those set out above. Clearly, in the case of incidents at away fixtures, the procedures will have to be modified to meet the particular circumstances. Trained first aid cover is always available during the school day and also on all match days, including Saturday mornings.

Arrangements for students with specific medical conditions

Individual treatment plans are drawn up for students with specific medical conditions, for example epilepsy, anaphylaxis, asthma and diabetes, with instructions about care and emergency procedures. Treatment plans are drawn up and agreed and signed by the parents and the GP allocated to the student. Staff are updated about specific cases at the start of each academic year, and at other times as necessary Staff must ensure that they are aware of the individual medical needs for any students they come across, whether in the classroom, in activities or on school trips. Organisers of trips and activities must consider what, if any, reasonable adjustments they might make to enable students with particular medical conditions to participate fully and safely in all aspects of school life, including visits and activities.

Epilepsy

An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time, and it can take a number of different forms e.g. cause changes in a person's body or movements, awareness, behaviour, emotions or senses (such as taste, smell, vision or hearing). Usually a seizure lasts for only a few seconds or minutes and then the brain activity returns to normal. The most common triggers for seizures are tiredness, lack of sleep, lack of food, stress, photosensitivity. If a student experiences a seizure in school, the details will be recorded and communicated to parents. During a seizure it is important to make sure that: - the student is in a safe position - the student's movements are not restricted - the seizure is allowed to take its course and the duration noted if possible In a convulsive seizure something soft should be put under the student's head to help protect it. Nothing must ever be placed in the mouth. After a convulsive seizure has stopped, the student must be placed in the recovery position and accompanied, until he/she is fully recovered. An ambulance must be called if: - it is the student's first seizure - the student has injured themselves badly - they have problems breathing after a seizure - a seizure lasts longer than is normal for them (generally, more than five minutes) - there are repeated seizures (unless this is usual for the student).

More information may be found at:

<http://www.epilepsysociety.org.uk/>

Anaphylaxis

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

Common causes include foods such as:

- peanuts
- tree nuts (e.g. almonds, walnuts, cashews, brazil nuts)
- sesame
- eggs
- cow's milk
- fish
- shellfish
- and certain fruits such as kiwifruit.

Non-food causes include:

- penicillin or any other drug or injection
- latex (rubber)
- the venom of stinging insects (such as bees, wasps or hornets).

In some people, exercise can trigger a severe reaction - either on its own or in combination with other factors.

Most common symptoms include the following: -

- nettle rash (hives) anywhere on the body
- sense of impending doom
- swelling of throat and mouth
- difficulty in swallowing or speaking
- alterations in heart rate
- severe asthma
- abdominal pain, nausea and vomiting
- sudden feeling of weakness (drop in blood pressure).

Even where only mild symptoms are present, the student must be watched carefully. They may be indicating the start of a more serious reaction. With severe allergic reactions, the adrenaline injection using the student's own auto injector (epi-pen), must be administered by the student or by a trained person into the muscle of the upper outer thigh. **An ambulance must always be called.** Students must carry their epi-pens with them at all times, and a spare one is stored in the Medical Room for each individual. It is vital that students take their epi-pens on all trips. The School now holds generic adrenaline auto-injectors which can be used in the case of an emergency following consultation with the parents and a Treatment Plan, signed by the parents and the GP is received by the School.

More information may be found at:

<http://www.anaphylaxis.org.uk/information/schools/information-forschools.aspx/>

Diabetes

Diabetes is a condition in which the body does not produce enough, or properly respond to, insulin. Students with diabetes must be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. It may be necessary to make special lunchtime arrangements for students with diabetes. If a meal or snack is missed, or after strenuous activity, a hypoglycaemic episode (a hypo) may occur. The symptoms include: - hunger - sweating - drowsiness - pallor - glazed eyes - shaking or trembling - lack of concentration - irritability - headache - mood changes, especially angry or aggressive behaviour. If these symptoms are ignored the student will rapidly progress to loss of consciousness and a hypoglycaemic coma. If a student has a 'hypo', it is very important that they are not left alone and that a fast-acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink is given immediately.

An ambulance must be called if: recovery takes longer than 10 -15minutes or the student becomes unconscious.

Hyperglycaemia (high glucose level) may also be experienced by some students. It is usually slow to develop. Treatment is the administration of insulin. Symptoms include: - a dry skin - a sweet or fruity smell on the breath rather like pear drops or acetone - excessive thirst, hunger or the passing of urine - deep breathing - fatigue. The diabetes of the majority of students is controlled by injections of insulin each day. Older students may be on multiple injections and others may be controlled on an insulin pump. Most students manage their own injections, but may need a suitable, private place to administer them. More information may be found, for example from:

<http://www.diabetes.org.uk/>

Asthma

Asthma is a common medical condition which affects the airways causing breathing difficulties. It may be mild and infrequent lasting for only an hour or so, or it may be very severe, with attacks, in extreme cases, lasting for several days. Childhood deaths from asthma are rare but do occur. It is known that some individuals are allergic to certain substances including housedust, pollen and certain foods. Triggers can include viral infections (common colds), allergies, exercise, cold weather or strong winds, excitement or prolonged laughter, sudden temperature changes, fumes from glue, paint, aerosol deodorants, vehicle exhausts or tobacco smoke. The signs of an asthma attack include: - coughing; - being short of breath; - wheezy breathing; - feeling of tight chest; - being unusually quiet. A student having an asthma attack must never be left alone, and must be told to use their inhaler immediately.

An ambulance must be called if: - the symptoms do not improve sufficiently in 5-10 minutes - the student is too breathless to speak - the student is becoming exhausted - the student looks blue.

Students with asthma must have immediate access to their reliever inhalers when they need them. Inhalers must always be available during physical exercise and educational visits. All staff must be aware of the implications, know that the student could have an attack at any time and know what to do. School now has a supply of inhalers which are available in an emergency and can be used provided consent from parents or guardians has been obtained.

More information includes the following:

<http://www.asthma.org.uk/>

Infection Control

Procedure for Dealing with Needlestick, Splash and Sharp Object Injuries: The purpose of this procedure is to prevent infection in the event of a needlestick, splash or sharp object injury occurring.

a. Specific Types of Injury

- Inoculation of blood/body fluids by a needle or other sharp object
- Contamination of broken skin with blood/body fluid
- Blood/body fluid splashes in the eyes
- Contamination with blood/body fluid to such a degree a clothing change is needed
- Contamination of oral mucosa with blood/body fluid

b. Action to be Taken

- If skin or mucous membranes are broken wash the affected area under running water and encourage bleeding
- Do not suck the wound
- Wash the wound with running water and soap
- Dry the wound and cover it with a dressing
- Irrigate eye/mouth splashes with copious amounts of water. Do not swallow the water.
- Report the incident to Matron, the Deputy Head Pastoral or the Headmaster
- Report for further advice as quickly as possible from a doctor or the local A & E

Spillage Procedure

- In the event of blood loss or vomiting Matron must be informed immediately to provide the appropriate treatment to the affected person.
- The area of the incident should be made safe by the first member of staff at the scene using disposable paper towels if appropriate and keeping other students out of the area.
- The cleaning staff/Premise Manager should be notified.
- The spillage must be cleared at the earliest opportunity, using appropriate disinfectant cleaning products. Spillage kits can be found in the Medical Room and with the Premise Manager.
- Any materials used i.e., paper towels should be sealed in a plastic bag and disposed of appropriately.

It is essential that staff make sure that they are fully aware of the medical and other issues which affect those that they teach and/or tutor.

Appendix 1 - Members of staff who are first aid trained

Name	Qualification	Expires
Kate Davis (Matron)	First Aid at Work	July 2019
Oliver Davis	First Aid at Work	December 2018
James Davies (Headmaster)	First Aid at Work	September 2020
Roberto Bruno	First Aid at Work	February 2019
Tracey Trevorrow	First Aid at Work	May 2019
Victoria Wagner Hall	First Aid at Work	May 2019
David Morriss	First Aid at Work	October 2020
Maxine Hammond	First Aid at Work	March 2021
Peter Hodgkinson	First Aid at Work	May 2021
Christopher Heeney	First Aid at Work Remote Outdoor First Aid	May 2019 June 2021
Thomas King	Remote Outdoor First Aid	June 2021
James Greggor	First Aid at Work	August 2021
Anna Wain	First Aid at Work	September 18

Appendix 2 - Location of first aid boxes

Main House

- Matron's Office
- Reception
- Staff Room
- Bursary

John Crook Theatre Building

- Theatre Upstairs (by Sound Room)
- Theatre Downstairs (backstage)
- Kitchen and Burns Kit
- Caretaker's Workshop

Baker Building

- Biology, Chemistry, Physics, Science SAD Labs
- Science Prep Room

The Wendy Simmons Building

- Games Dept Office
- Library
- Cleaner's Cupboard

The Phillip Cottam Centre

- The Vibe Cafe
- Sixth Form Tutor's Office
- Art Room
- Ceramics Room
- Music Office

DT Workshop

- CDT Workshop

Vehicles

- Minibuses
- Van