

1. Authority and Circulation

1.1. This policy has been written with regard to the guidance given in the DfE document 'First Aid in Schools' and is authorised by the Governors of Notre Dame School ("School").

Its status is advisory only. It is available to parents, pupils and to all members of School Staff. School staff should ensure that they have read and understood the contents of this Policy so that they are able to act effectively in a first aid situation.

1.2. The arrangements within this policy (for example the number of First Aiders, Appointed Persons and First Aid boxes and contents of First Aid boxes) are based on the results of a suitable and sufficient risk assessment carried out by the School in regards to all Staff, pupils and visitors.

1.3. This policy complies with s3(6) of the Independent School Standards, the Health and Safety at Work Act 1974 and subsequent regulations and guidance including the Health and Safety (First Aid) Regulations 1981, and the Approved Code of Practice and Guidance (ACOP L74) for the Health and Safety (First Aid) Regulations 1981.

2. Aims of this Policy

2.1. To ensure that the School has adequate, safe and effective First Aid provision in order for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury, no matter how minor or major.

2.2. To ensure that all staff and pupils are aware of the procedures in the event of any illness, accident or injury.

2.3. Nothing in this policy should affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt Staff should dial 999 for the emergency services in the event of a medical emergency before implementing the procedures within this Policy and make clear arrangements for liaison with ambulance services on the School site.

3. Definitions

3.1. "**First Aid**" means the treatment of minor injuries which do not need treatment by a medical practitioner or nurse as well as treatment of more serious injuries prior to assistance from a medical practitioner or nurse for the purpose of preserving life and minimising the consequences of injury or illness.

3.2. "**First Aiders**" are members of staff who have completed a HSE approved First Aid course and hold a valid certificate of competence in First Aid at Work (FAW) or Emergency First Aid at Work (EFAW).

3.3. "**Paediatric First Aiders**" are members of staff who have completed a paediatric first aid course. This course meets the requirements of the Early Years foundation stage statutory framework and enables them to deal with accidents involving small children.

3.4. "**First Aid Guidance**" means the Approved Code of Practice and Guidance (ACOP L74) for the Health and Safety (First Aid) Regulations 1981.

3.5. "**Appointed Persons**" are members of staff who are not qualified first aiders who are responsible for looking after the first aid equipment and facilities, and for calling the emergency services if required. At Notre Dame the responsibility for ensuring that first aid equipment and facilities are up to date is the School Nurse and the Medical Room Assistant. However, the School Nurse and Medical Room



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Assistant are the persons responsible for ensuring that all first aid equipment and facilities are up to date and conform to current legal requirements.

Paediatric first aid

A selection of teaching staff and teaching assistants are trained in paediatric first aid.

3.6. "**Staff**" means any person employed by the School, any person who volunteers at the School and any self-employed people working on the premises.

3.7. The "**School Nurse**" is Michelle Corbett, and she is supported by Anne-Marie Sykes, who is the **Medical Room Assistant Practitioner**. The School Nurse is primarily located in the School's Medical room. Both are paediatric first aid trained and one will be on site between 9.30am and 4pm.

3.8. The **Medical Room** is located centrally on the site in a purpose-equipped setting. It is used for the provision of medical treatment, including first aid, when required. The medical room has essential first aid facilities and resuscitation equipment including oxygen and an Automated External Defibrillator (AED).

4. Management of the First Aid Policy & Procedure

4.1. **The Governors** of Notre Dame School, as the employer, have overall responsibility for ensuring that there is adequate and appropriate first aid equipment, facilities and First Aid personnel and for ensuring that the correct first aid procedures are followed.

4.2. **The Heads of both Prep and Senior Schools** delegate to the School Nurse the day to day responsibility for ensuring that there are adequate and appropriate first aid equipment, facilities and appropriately qualified first aid personnel available to the School. The School Nurse will regularly carry out an accident review and review the School's first aid needs to ensure that the School's first aid provision is adequate.

The Heads are responsible for ensuring that all staff and pupils (including those with reading and language difficulties) are aware of, and have access to, this Policy.

The Heads delegate to the School Nurse the responsibility for collating medical consent forms and important medical information for each pupil and ensuring the forms and information are kept secure and are accessible to staff as necessary.

The Heads are responsible for ensuring that staff have the appropriate and necessary first aid training as required and that they have sufficient understanding, confidence and expertise in relation to first aid.

4.3. **First Aiders** The Heads are responsible for ensuring that the School has the minimum number of first aid personnel (First Aiders and/or Appointed Persons). There will be at least one Paediatric First Aider on the school site when EYFS children are present. During regular school hours there is a suitable number of First Aiders on site. For more information please see <http://www.hse.gov.uk/firstaid/legislation.htm>

The staff listed in Appendix One have completed a HSE approved First Aid course and hold a valid certificate of competence in First Aid at Work (FAW) or Emergency First Aid at Work (EFAW).

The main duties of First Aiders are to give immediate first aid to pupils, staff or visitors when needed and to ensure that an ambulance or other professional medical help is called when necessary. First Aiders are to ensure that their First Aid certificates are kept up to date through liaison with the Heads.

The First Aiders will undergo update training at least every three years or in accordance with current legislation.



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4.4. **All staff** should read and be aware of this Policy, know who to contact in the event of any illness, accident or injury and ensure this Policy is followed in relation to the administration of first aid. All staff will use their best endeavours, at all times, to secure the welfare of the pupils.

4.5. **Any person on School premises** is expected to take reasonable care for their own and others' safety.

5. First Aid Boxes

First Aid boxes are marked with a white cross on a green background and are stocked in accordance with the suggested guidelines in Guidance Note 37 of the First Aid Guidance. For more information please see <http://www.hse.gov.uk/firstaid/legislation.htm>.

5.1. First Aid boxes are located at these positions around the School site and are as near to hand washing facilities as is practicable:

- Swimming pool
- Senior gym
- Senior exercise suite
- Lobby outside head of years office
- Food Tech room
- 6th Form block
- Textiles Room
- Montaigne Theatre
- The Bungalow
- Biology Prep Room (first floor science block)
- Chemistry Prep Room
- 1st floor of 3 storey block (senior)
- Kitchens
- Maintenance Hut
- Garden Shed
- Pool Plant room
- Yr 1 and 2 area
- Medical Room
- Prep Loggia
- Prep Reception

- Prep Sports Hall
- Infant Block – corridor and yellow classroom
- Terapin/After care room
- Prep Playground: first aid kits are carried by playground supervisors and stored on the Loggia wall when not in use.
- Medical Room

All requirements for the first aid kits are supplied by the medical room and are regularly re-stocked. See Appendix Three for contents.

5.2. **Each School minibus** has a prominently marked First Aid box on board which is readily available for use and which is maintained in a good condition. The First Aid box should be stocked in accordance with Regulation 43 which is set out in Appendix Three.

If supplies are used from them it is the users responsibility to notify the School Nurse in order that they be restocked.



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5.3. Off-site activities: First Aid equipment for any off-site activities is kept in the medical room. The Leader for any off-site activity is responsible for liaising with the School Nurse to ensure that necessary equipment is provided for the activity/trip.

6. Information on Pupils

6.1 Parents are requested to provide written consent for the administration of First Aid and medical treatment before pupils are admitted to the School.

The School Nurse will be responsible for reviewing pupils' confidential medical records and providing essential medical information regarding allergies, recent accidents or illnesses, or other medical conditions which may affect a pupil's functioning at the School to the Heads, class teachers and First Aiders on a "need to know" basis. This information should be kept confidential but may be disclosed to the relevant professionals if it is necessary to safeguard or promote the welfare of a pupil or other members of the School community.

6.1a Supporting pupils at school with medical conditions

Individual care plans are written for pupils with medical conditions that may impact on how they are managed within the school setting. A copy of the care plan remains in the pupil's medical file and a copy will be given to the classroom teacher (if prep) only if the medical condition affects how the child is managed during the school day. Teaching staff are only informed of medical conditions, on a need to know basis. This does not include any already listed in 6.2 as all members of staff need to know about those conditions. However, care plans are always sent with the pupils on any school trips. They are compiled by the school nurse and are checked and signed by the parents. The care plans will be reviewed annually unless anything changes, where it is the parent's responsibility to inform the school nurse of these.

6.2 Use of asthma inhalers, epipens, injections etc

The information held by the medical room will include a record of pupils who need to have access to asthma inhalers, Epipens, injections or similar and this information should be circulated to teachers and First Aiders. Where appropriate, individual pupils will be given responsibility for keeping such equipment with them and this will be reviewed on a regular basis. In other cases, the equipment will be kept, suitably labelled, in the medical room or classroom. Additional arrangements are included at Appendix Four.

6.3 Administration of medication

Medicine that needs to be administered in School must be in the original packaging with the child's name and clear instructions. In addition to this, a form, 'Medication Required in School' must be completed and sent with the medication to the School Nurse via the school receptionists.

PLEASE NOTE: Children who are prescribed antibiotics for any condition must have a minimum of 24 hours at home.

Rationale:-

- A reaction to an antibiotic is likely to happen within the first 24 hours.
- With at least 24 hours of antibiotics in the child's system, it is giving protection to the affected child and reducing the risk of spreading infection (if caused by bacteria).

6.4 Other Medicines

Any medicines other than in 6.2 should be taken immediately to the School Nurse.

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7. Procedure in the event of illness

7.1. Parents are requested to keep their child at home if s/he is ill or infectious, and to phone the relevant reception on the first day that s/he is ill. If the child is ill due to diarrhoea and/or vomiting, they must refrain from coming to school for 48hrs from the last episode of diarrhoea and/or vomiting (set by Health Protection Agency).

7.2. **Pupils** may visit the medical room during break or lunch. If a pupil is unwell during lessons then they should consult the member of staff in charge who will assess the situation and decide on the next course of action. The pupil will, accompanied as necessary, be told to go to the medical room. The School Nurse will decide on the next course of action and provide the First Aid as required.

7.3. **Staff** may visit the medical room as and when necessary, but appropriate cover must be arranged.

8. Procedure in the event of an accident or injury

8.1 Minor injuries

Appointed Persons or First Aiders should be called for if necessary and should be called if the School Nurse is not available immediately. However minor the injury, the School Nurse should always be informed, if not called for. If the Staff member/First Aider feels they cannot deal with the presenting condition then they should arrange for the injured person to access appropriate medical treatment without delay from the medical room, or by calling for an ambulance, see below and Appendix Two.

8.2. Major injuries

If someone at the School has an accident which results in a major injury, medical help should be summoned immediately. All staff are informed in their induction training that if the School Nurse is unavailable, they should summon an ambulance themselves. The person who summons the ambulance should ensure that clear instructions are given as to which entrance the ambulance staff should use to access the site and to whom they should report; and make sure this on-site person is aware of this. The person calling for the ambulance should also ensure that that ambulance staff have clear access to the accident site/injured person(s). A member of staff will always accompany a student in the ambulance and will stay with a child in hospital until their parents have been contacted. [See Appendix Two, Procedure for calling for an Ambulance for further details].

9. Procedure in the event of contact with blood or other bodily fluids

If a spillage of blood or other bodily fluids occurs, the caretaker must be informed. The caretaker will then arrange for the proper containment, clear up and cleansing of the spillage site. Chemsorb spillage treatment is to be used; directions as specified on the bottle. User to wear gloves, and dispose of spillage and gloves in clinical waste bin (in the medical room). Hands must then be thoroughly cleaned.

9.1. The First Aider/Caretaker should take the following precautions to avoid risk of infection:

- Cover any cuts and grazes on their own skin with a waterproof dressing;
- Wear suitable disposable gloves when dealing with blood or other bodily fluids;
- Use suitable eye protection and a disposable apron where splashing may occur;
- Use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation;
- Wash hands after every procedure;
- If the First Aider suspects that they or any other person may have been contaminated with blood and other bodily fluids which are not their own, the following actions should be taken without delay:
 - wash splashes off skin with soap and running water;
 - wash splashes out of eyes with tap water or an eye wash bottle;
 - wash splashes out of nose or mouth with tap water, taking care not to swallow the water;
 - record details of the contamination;
 - report the incident to the School Nurse and take medical advice if appropriate.



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9.2. **Away fixtures.** A medical bag should be taken with the travelling team. If an incident occurs medical treatment should be sought from the visiting school first aid staff. If necessary, the pupil should be taken to the nearest casualty department by a member of staff. Treatment and after-care should then be followed up by the Notre Dame School Nurse. Any incident of treatment must be reported to the School Nurse on return to School.

10. Use of a Defibrillator

The defibrillator is located just inside the medical room waiting area on the left hand side of the wall. Defibrillators are designed for anyone to use with clear verbal instructions every step of the way. If someone collapses and isn't breathing, normally

- Check their breathing
- Start CPR
- Tell someone to call 999 and get the defibrillator
- When the Defib arrives:
 - Get someone to carry on doing CPR while you use it
 - The lid is designed to go under the patient's shoulder to help keep the airway open
 - Apply the pads to the patient's bare chest
 - If necessary, plug the wire from the pads into the AED (usually next to a flashing light)
 - Allow the AED to analyse the heart rhythm
 - If a shock is indicated by the AED, push the shock button when instructed
 - If a shock is recommended (sometimes it is not) make certain everyone 'stands clear' and does not touch the patient
 - If the patient is still not breathing, start CPR. Give 30 chest compressions and then two rescue breaths and continue this cycle until the AED gives further instructions or the patient starts breathing.

11. Reporting

11.1. The First Aider should complete the appropriate accident book at school as soon after the accident as possible. Consult the School Nurse if in doubt.

11.2. All injuries, accidents and illnesses, however minor, must be reported to the School Nurse. The School Nurse is responsible for ensuring that staff complete accident report forms and books are completed correctly and that parents and Bursar are kept informed as necessary.

11.3. **School Accident and Illness book:** major injuries accidents, illnesses and dangerous occurrences (unless very minor in the view of the School Nurse) must be recorded in the pupil notes or school accident book as appropriate.

The following information should be included:

- The date, time and place of the event or illness
- The name (and class) of the injured/ill person
- A brief description of the nature of the event or illness
- What happened to the injured or ill person immediately afterwards
- Name and signature of the first aider or person dealing with the accident/injury

Records should be stored for at least three (3) years or if the person injured is a minor (under 18), until they are 21.

11.4. **An accident report form** should be completed by the first attendee and then sent to the School Nurse. The School Nurse will fill in an accident report form for every serious or significant accident that occurs on or off the School site if in connection with the School. This will be kept by the School Nurse. Records should be stored for at least three (3) years or if the person injured is a minor (under 18), until they are 21.

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11.5. **Reporting to Parents** In the event of an all but minor accident or injury parents must be informed as soon as practicable. The member of staff in charge at the time will decide in consultation with the School Nurse and the Heads if necessary, how and when this information should be communicated.

11.6. **Reporting to the Health & Safety Committee** The School Nurse compiles a report on all accidents, incidents and near misses and submits this to the Health & Safety Committee on a termly basis.

11.7. **Reporting to HSE** The School is legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) to report the following to the HSE (during term time, this is done by the Medical room and outside term time this is most easily done by calling the Incident Contact Centre (ICC) on **0845 300 99 23**: between 08:30-17:30). Accidents reportable under RIDDOR are investigated by the School Nurse and reported by the Bursar. For more information on how and what to report to the HSE, please see <http://www.hse.gov.uk/riddor/index.htm>. It is also possible to report online via this link.

Accidents involving Staff

- **Accidents (including injuries as a result of physical violence) which result in death or major injury must be reported without delay by telephone** (major injury examples: dislocation of hip, knee or shoulder; amputation; loss of sight; fracture other than to fingers, toes or thumbs). This should be followed up within fifteen (15) days with a written report on Form 2508;
- **Accidents which prevent the injured person from continuing her/his normal work for more than seven (7) days** must be reported within fifteen (15) days on a Form 2508;
- **Cases of work related diseases that a doctor notifies the School of** (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer);
- **Certain dangerous occurrences** (near misses - reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health).

Accidents involving pupils or visitors must be reported without delay by telephone and followed up within ten (10) days with a written report on Form 2508:

- Accidents where the **person is killed or is taken from the site of the accident to hospital**
- **The accident arises out of or in connection with the work activity:**
 - Any school activity, both on or off the premises
 - The way a school activity has been organised and managed: e.g. the supervision of a field trip
 - Plant or substances: e.g. machinery, experiments etc.
 - The design or condition of the premises

11.8. Personal Protective Equipment (PPE)

The School is strict in ensuring that pupils always wear the recommended protective equipment both in curriculum activities and organised sport.

Staff are supplied with all the safety equipment needed for their work. Their induction makes it clear that failure to wear the equipment can be treated as a disciplinary issue.

12. Early Years Foundations Stage

A paediatric trained nurse or first aider is available on site at all times as required by the regulations. All School staff and teaching assistants undertook paediatric training provided by Surrey First Aid at an Inset training day on the 11th April 2016. This qualification is valid for three years until the 11th April 2019. Staff are sent for updates as required.

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13. Monitoring

The contents of the Accident Report Books (Nurse's pigeon hole in the loggia and senior staff room) on the school site are reported at each termly Health and Safety meeting in order to take note of trends and areas for improvement. The information may help identify training or other needs and be useful for investigative or insurance purposes.

In addition, the Heads will undertake a review of all procedures following any major incident to check whether the procedures were sufficiently robust to deal with the major occurrence or whether improvements should be made.

Policy last updated May 2018

Due for next update May 2019



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Appendix One: List of First Aiders

Schools First Aid including use of auto-injector

Heather Marsh exp 11/18
Terry Lee Purgavie exp 10/18
Julie Clay exp 11/18

Paediatric First Aid, Anaphylaxis and Auto-Injector

Sarah Badger exp 03/20
Clare Barber exp 03/20
Merinda D'Aprano exp 03/20
Tracy Davies exp 03/20
Rebecca Golding exp 03/20
Christina Graham exp 03/20
Elaine Jones exp 03/20
Karyn Skuse exp 03/20
Melanie Lehman exp 03/20
Virginia Martin exp 03/20
Louise Plummer exp 03/20

Paediatric First Aid

Anne-Marie Sykes exp 06/21
Nicky Barnes exp 02/21
Chahinez Benghezal exp 02/21
Amie Boyd exp 02/21
Caroline Brennan exp 02/21
Moiria Ford exp 02/21
Donna Whiting exp 02/21
Marzena Wajnert exp 02/21
Rachel Hunt exp 02/21
Pauline Irving exp 04/19
Geraldine Deen exp 04/19
Tara Nicholls exp 04/19
Rachel Martin exp 04/19
Nora Ferguson exp 04/19
Caroline Moffatt exp 04/19
Jane Holt exp 04/19
Rachel Thomas exp 04/19
Yuko Salisbury exp 04/19
Shirleen Keane exp 04/19
Sarah Shabaan exp 04/19

Emergency first aid at work

Jade Mulcahy exp 01/21
Michael Coackley exp 12/19
Janine Harber exp 12/19
Carly Anderson exp 12/19
Clare Mason exp 12/19
Sophie Dudgeon exp 12/19
Elliot Lee exp 12/19
Angela Foskett exp 06/21

First Aid at Work

Sue Gilhespie exp 04/20



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List of Appointed Persons

There are no appointed persons at Notre Dame as there are a number of first aiders.

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Appendix Two Procedure for Calling an Ambulance

Staff Member

If a member of staff considers that he/she is dealing with a medical emergency, then help should be sought immediately. Where possible, do not leave the patient. If you are alone, shout for help.

If help is available:

- Ask a helper (pupil or staff) to go straight to the office and ask for the nurse, detailing what has happened. Then to return to you with a first aid kit, (and Defib if necessary) and to inform you that help is on its way.
- Stay with the patient and wait for help and first aid kit. Administer basic first aid as required.
- On arrival of nurse / first aider; hand over what has happened and care of patient.
- Disband any pupils / on lookers.
- Complete an incident form (available from the office) to document your actions and give to the School Nurse.

If no help is available:

- Assess airway and breathing.
- If breathing; place an unconscious casualty in recovery position; run for help / call 999, fetch first aid kit. Then return to casualty directly and continue first aid.
- If the casualty is a child and not breathing; administer five (5) rescue breaths, then administer 1 minute of CPR (2 breaths to 30 compressions).
- If the casualty is an adult, then apply 30 chest compressions first, then two (2) rescue breaths.
- Place casualty in the recovery position. Then call for help or run for help (including the Defib), and call 999 and then return to casualty directly, reassess and continue first aid.
- If the casualty is an adult and not breathing: call for help or run for help and call 999 and then return to casualty directly, reassess and continue first aid / commence CPR if required.
- If you are alone with the patient; stay calm. They are better off with you there, than if they were alone. Await ambulance and accompany to hospital.
- Complete an incident form (available from the office) to document your actions and give to the School Nurse.

The Office

- Call the School Nurse; convey relevant information.
- Switch office radio to channel 12.
- If the School Nurse is not able to attend; contact first aider. Check sims / medic alert chart for relevant medical information; inform first aider.
- If attending the incident yourself, hand over office tasks.
- If requested by School Nurse contact emergency supporter / call ambulance.
- Inform a member of SLT that an ambulance has been called, and update as necessary.
- Inform ambulance supporter to be ready to accompany pupil.
- If the parent arrives, contact the nurse.

In the event that the nurse is already attending an emergency then any pupil with an existing careplan (on medic alert board) should be cared for by a first aider as per the careplan (copy held in 'first aider' folder'- on shelf in medical room by large black grab bag). Any other pupil will be sent home if too unwell to wait.

In the event that an ambulance is called, inform the Headteacher or another member of SLT (either Prep or Senior depending which year the child is in).



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School Nurse

- Nurse to assess; if back up required, radio office and request ambulance protocol be commenced / for 'emergency supporter' to be contacted.
- On arrival of designated attendee; nurse or designated attendee to contact ambulance from site (use mobile phone if not in medical room).
- Nurse to contact parents.
- Nurse to remain with patient and administer care.
- Hand over to ambulance crew.
- Provide appropriate documentation / medical history to the hospital. 'Emergency supporter' to assist (photocopying etc.). Hand over care to ambulance crew.
- Remind all concerned to switch radios back to own channels.
- Document.

First Aider

- First aider to attend, assess and follow procedure listed for nurse.

Emergency Supporter

- Collect mobile phone and radio (channel 12).
- Radio nurse.
- Attend incident, with supplies if requested.
- Call ambulance / stay with patient as requested by nurse.
- Check Sims / medic alert chart for relevant info if supporting first aider.
- Contact Les or Michael (caretaker - channel 4) and inform specifying location.
- Contact office; inform ambulance en route.
- On arrival of ambulance; contact office and inform whether ambulance supporter is required.

Ambulance Supporter

- Be ready to leave school and accompany pupil.
- Take a mobile phone and taxi money.
- Await further instruction.
- If sent with pupil in ambulance; stay at hospital until parent arrives.

Caretaker

- Be aware that all concerned will now be on channel 12.
- Ascertain location of incident.
- Meet ambulance in the lane and direct to school entrance nearest to incident.
- Accompany ambulance to the site of the incident.
- In the event a fast responder vehicle arrives; wait to see if a further ambulance is en route / required.
- If a second vehicle is coming; go back to lane to direct and escort to location.
- Leave and inform the office that the ambulance has arrived.

Cancellation of ambulance / patient not taken to hospital:

If an ambulance is cancelled or the crew decide not to take the child to hospital, the parent may still be asked to come into school to take the child home.



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Appendix Three

First Aid Equipment – Location and contents

Standard Kit Check List

- Resus face shield x 1
- First aid book
- Thermal blanket
- Dextrose tablets
- Cleansing wipes x 10
- Sterile gauze x 6
- Non adhesive dressings x 2
- Gloves x 5 pairs
- Ice packs x 4
- Micropore x 1
- Plasters
- Slings x 2
- Eye pad x 1
- Gauze on a bandage
 - (1 x small, medium and large)
- Tissues

All first aid kits listed in 5.1 contain the above

School Minibus x 3 + Maintenance van (x 4 kits)

complies with Part II Schedule 7 of Road Vehicles (Construction and Use) Regulations 1986

Resus face shield x 1

First aid book

Thermal blanket

Cleansing wipes x 10

Assorted plasters x 24

Triangular bandages x 2

Safety pins x 12

Conforming bandage x1

Large ambulance dressings x 3

Eyepads x 2

Rustless blunt ended scissors x 1 pr

Gloves x 5 pairs



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First Aid Travel Kit – for external trips/activities

1. First Aid Bag
 - Resus face shield x 1
 - First aid advice booklet
 - Dextrose tablets
 - Alco-wipes x 10
 - Sterile gauze x 3
 - Gloves x 5 pairs
 - Ice packs x 2
 - Micropore x 1
 - Foil blanket
 - Plasters (assorted & all hypoallergenic)
 - Large adhesive wound dressing x 1
 - Slings x 2
 - Eye pad x 1
 - Gauze on a bandage (1 x medium and 1 x large)
 - Finger bandage x 1
 - Waste bag
 - Tampax x 2
 - Sanitary towels x 2
 - Normal saline sachets x 2
 - Normal saline for irrigation x 2

2. Bucket containing:
 - Sick bags x 4
 - Bottle of water x 2
 - Plastic cups x 4
 - Rubber gloves x 2 pairs
 - Tissues x 1 packet
 - Bin bag
 - Cloth x 1

First Aid Kit Locations

SWIMMING POOL

- Face mask; on wall by entrance to pool (next to staff room).
- First aid box; wall mounted, by shallow end.
- Blanket in a box; wall mounted, by shallow end.

SENIOR GYM

- First aid box; on wall, near double doors.

SENIOR EXERCISE GYM

- First aid box; on wall, next to door.

LOBBY OUTSIDE SNR HEAD OR YEARS OFFICE

- First aid box on wall

FOOD TECH ROOM

- First aid box (burns)

6th FORM BLOCK

- First aid box in kitchen area



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TEXTILES ROOM

- First aid box on wall above sink unit

MONTAIGNE THEATRE

- First aid kit on wall on ground floor near WC
- First aid kit on wall in scene dock
- Eye wash station on wall in scene dock
- First aid kit on wall in Theatre Manager's office

THE BUNGALOW (behind Montaigne Theatre)

- First aid kit on wall near bathroom

BIOLOGY PREP ROOM (1ST Floor Science block)

- First aid box (burns) in wall unit on right as enter

CHEMISTRY PREP ROOM (2nd floor science block)

- First aid box (burns)

CHEMISTRY 1 & 2 LABS

Eye wash stations above sinks

BIOLOGY 1 & 2 LABS

Eye wash stations above sinks

PHYSICS 1 & 2 LABS

Eye wash stations above sinks

1st FLOOR MATHS BLOCK

- First aid box on wall near girls lockers

KITCHENS

- First aid box; on wall by Mandy's office
- Eye wash station; on wall by Mandy's office

MAINTENANCE HUT

- First aid box; on wall on left.
- Eye wash station; on wall on left.

GARDEN SHED

- First aid box on wall

POOL PLANT ROOM

- Eye wash station; on wall on right as enter.

MINIBUSES & VANS

- First aid kit in each vehicle (4)

MEDICAL ROOM

- First aid grab bag for school events/emergencies – on shelf above clinical waste bin
- School trip first aid bags – on shelving in sick bay

OUTSIDE MEDICAL ROOM

- First aid kit
- Senior Epipen grab boxes
- Diabetic response kit
- AED and O2



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PREP LOGGIA

- First aid box; on wall in loggia.
- EpiPen Grab Boxes; also located in loggia

PREP PLAYGROUND – First aid kits carried by playground supervisors (stored on Loggia wall when not in use)

PREP SPORTS HALL

- Face mask; on wall by entrance to office.
- First aid cupboard; wall mounted in office (extra supplies and field kit)
- First aid box – on wall by window in the sports hall

INFANT BLOCK

- First aid box; on the shelf inside door nearest music room

TERAPIN

- First aid kit for cuts and grazes; in classroom (hanging on pegs by door nearest infant block).

YELLOW ROOM

- First aid kit for cuts and grazes; on shelf above sink.



First Aid Policy

Appendix Four

Arrangements for pupils with medical conditions (e.g. asthma, epilepsy, diabetes)

Guidance taken from St John's Ambulance First Aid Reference Guide 2012

What to do in the event of an Anaphylactic attack

1. Keep calm and assess the situation.
2. If pupil is known to have an epipen, call for grab bag (nursery/prep are kept in the loggia; senior is kept outside the medical room) and call for school nurse.
3. Help pupil to use the epipen.
4. If pupil is conscious, sit in a position that helps them breathe.
5. If the pupil is unconscious and breathing, place in recovery position.
6. If not breathing, commence CPR
7. DO NOT LEAVE PATIENT UNATTENDED.

Signs and Symptoms could be all of these or just one or two

- Red blotchy skin eruptions
- Impaired breathing
- Swelling of the tongue and throat
- Anxiety.

What to do in the event of an Asthma Attack - becomes breathless, wheezy or coughs continually.

In School

1. Keep calm. It is treatable.
2. Let the pupil sit in the position he/she finds most comfortable. Do not make the pupil lie down.
3. Let the pupil use his/her usual reliever treatment, e.g. 2 puffs of their Ventolin/Salbutamol (Blue) inhaler.
4. Encourage pupil to breathe slowly and deeply.
5. Call for school nurse

Outside School - Away Sports Fixtures etc

1. Keep calm. It is treatable.
2. Let the pupil sit in the position they find most comfortable. Do not make them lie down.
3. Let the pupil use their usual reliever treatment, e.g. 2 puffs of their Ventolin/Salbutamol (blue) inhaler.
4. If symptoms disappear/improve* no further immediate action is necessary, but the pupil should be observed and sent to medical room on return if necessary. If involved in sport at time of attack pupil should take no further part.
5. Medication may be repeated after 5 - 10 minutes if necessary.
6. If normal medication has no effect – dial 999.
9. Note: usual reliever inhaler can be used up to four times every 5 - 10 minutes in an emergency.

Signs and Symptoms of Severe Asthma Attack

- Difficulty breathing and/or talking
- Wheezing
- Distress and anxiety
- Coughing
- Grey-blue skin (cyanosis)
- In a severe attack, exhaustion, unconsciousness and the casualty may stop breathing.

What to do in the event of a Diabetic attack – two possibilities

Hypoglycaemia – low blood sugar

1. Keep calm. It is treatable.
2. Give pupil something sugary for example a drink of Lucozade or other sports drink or Coca-Cola or the Pupil's own glucose tablets x 3 or the Pupil's own GlucoGel



First Aid Policy

- 3 Call for school nurse
4. Transfer to medical room as soon as possible.
5. IF UNCONSCIOUS put into recovery position and contact the Medical Room. DO NOT LEAVE UNATTENDED.

Signs & Symptoms of Hypoglycaemia

- Weakness, faintness or hunger
- Palpitations or muscle tremors
- Strange actions or behaviour; confused, belligerent or even violent
- Sweating
- Pale cold and clammy skin

Hyperglycaemia- high blood sugar

1. Call for school nurse
2. Pupil may feel confident enough to give him/herself an insulin injection.
3. Transfer to medical room for further monitoring.

Signs & Symptoms of Hyperglycaemia

- Warm dry red skin
- Deep and sighing breathing
- Sweet smell on breath (pear drops)
- Restless, drowsy or lethargic behaviour

What to do in the event of an Epileptic attack

1. Keep calm. Continually reassure the patient.
2. Note the time of the start of the attack
3. Call for school nurse
4. Clear space around the casualty
5. If possible, protect pupil's head from the floor with a cushion or similar item.
6. Loosen tight clothing around neck, chest and waist. DO NOT PUT ANYTHING INTO THE CASUALTY'S MOUTH
7. Place in recovery position when the seizure has ceased.
8. If not breathing, perform CPR

Signs & Symptoms

- Loss of consciousness, body stiffens and falls to the floor.
- Jerking movements
- Lips can become grey/blue and face may become red or puffy
- Loss of bladder and /or bowel control may occur.
- Clenched jaw, and noisy breathing



Appendix Five

Out of hours activities

- The Office is staffed until 6:00pm and should know the timings, venue and year groups involved in the activity (staff leading the activity must either check it is on SIMS or that it has been put on Firefly)
- For any activity beyond 6.30 in the evening or at weekends or holiday time, 2 members of school staff must be on site at all times
- Know where the first aid kits, grab bags and accident books are kept, and know what to do should the fire alarm ring (initially assemble senior girls under the yellow canopy and prep girls at the statue and wait there with them until further advice or the all-clear is given by the member of staff on duty).
- Take a register at the start of the activity and keep a copy of this for at least the remainder of the academic year
- Remain in charge of all the girls in your activity and supervise them at all times, including breaks
- For any activity starting after 6.30pm on a school day, girls must either be off site between end of school and the start of the activity, or must be under the supervision of a specific member of school staff
- After the activity staff must remain on site supervising the girls until the last student has been either collected or taken to aftercare
- In the event of an injury/accident the member of staff on duty should be alerted **SLT phone number is 0751 801 6766** and they will assess whether an ambulance is needed or whether the pupil can be treated on site

If the injury is life threatening then an ambulance should be called immediately. The person who summons the ambulance should ensure that clear instructions are given as to which entrance the ambulance staff should use to access the site and to whom they should report; and make sure this on-site person is aware of this. The person calling for the ambulance should also ensure that that ambulance staff have clear access to the accident site/injured person(s). A member of staff will always accompany a student in the ambulance and will stay with a child in hospital until their parents have been contacted.