



# Clifton High School

co-educational nursery pre-school to sixth form

<b>Policy applies from EYFS to Sixth Form</b>	<b>Educational Visits - First Aid</b>
Date policy updated	20.04.2021
Date policy to be reviewed	20.08.2021
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A shaded area denotes a regulation to which all schools must comply	

*Clifton High School is committed to child protection and safeguarding children and young people and expects all staff, visitors and volunteers to share this commitment.*

## Related Policies

- Admissions
- Child Protection and Safeguarding
- Data Protection
- Educational Visits
- First Aid

Clifton High School takes its responsibility for the health and well-being of its pupils, staff, visitors and volunteers very seriously. It is an inclusive community that aims to support and welcome all pupils, including those with any known medical condition, health problem or allergy. It ensures that all First Aid is administered in a timely and competent manner in regard to the Health and Safety Executive regulations (HSE, 1981).

## Aims - to ensure that

- All staff understand their duty of care to pupils when on an Educational Visit and all accidents are dealt with safely and appropriately
- Sick pupils are cared for appropriately until well enough either to return to the activities of the Educational Visit or released to the care of their parents
- Staff are suitably trained to deal with First Aid problems they may encounter during an Educational Visit and understand the seriousness and management of certain medical conditions that affect the pupils in their care
- The School community understands the importance of medication being taken as prescribed

The success of the Educational Visits - First Aid Policy will be monitored by the Deputy Head with responsibility for Educational Visits in the first instance, the School Nurses and through departmental and staff meetings to gain the teachers' perspective.

## Procedure

- The Visit Leader assumes the role of 'Appointed Person' for the visit and will take charge when someone is injured or ill; ensuring that a First Aider, an ambulance or medical help is summoned when appropriate
- The School ensures that staff First Aid training is kept current and relevant. This is checked for each visit by the Deputy Head, as there must be at least one First Aid trained member of staff on each visit

- Parents of all pupils are required to complete a medical form on entry to the School providing a brief health summary for every child and these details are recorded on the Schools information Management System (SIMS). Parents are expected to confirm this information again on the V3 form permission slip. The Visit Leader is expected to check this in advance and carry this information throughout the visit
- Prior to departure, the School Nurses will provide staff with advice and information on such issues as the use of an Adrenaline Auto Injector, and the correct procedures for dealing with specific medical conditions such as asthma, diabetes and epilepsy, particular to the needs of the pupils attending the Educational Visit

#### **First Aid Kits**

- First Aid kits are provided prior to departure by the School Nurse and must be taken by the Visit Leader on any visit off the school premises (Appendix A)
- Clinical waste bags will be given with all First Aid kits. All spillages of body fluid (blood, vomit, urine, excrement, saliva, nasal and eye discharge) and materials used in cleaning the area should be treated as “clinical waste” and disposed of appropriately

#### **Recording Incidents on an Educational Visit**

- All incidents resulting in any First Aid on an Educational Visit should be recorded on an Educational Visit Incident Form (Appendix B)
- All forms should be submitted to the Deputy Head on return to school. In the event of an incident requiring specialist medical help, the member of Senior Leadership assigned to the Educational Visit must be contacted as soon as practicable during the visit

#### **Illness on an Educational Visit - Dealing with pupils who feel unwell**

Parents are encouraged not to send their children on an Educational Visit if they are unwell. If a pupil becomes unwell during the visit

- The Visit Leader will care for the pupil until a parent can arrange for them to be collected if possible. The Visit Leader will complete the Pupil Medical Monitoring Sheet at least four hourly (Appendix C) for every unwell pupil
- Should the pupil need further medical attention, the Visit Leader will arrange this. Parents will be contacted as soon as possible. If contact cannot be made or the distance prevents parents from attending, the pupil will be accompanied by a member of staff who will act in ‘loco parentis’

#### **Administration, Storage and Disposal of Medication**

- Parents must provide the Visit Leader with any prescribed medication, which must be in its original packaging stating the pupil's name, prescriber's instructions, (dosage and frequency), and expiry date. Prescription medicines will not be administered unless they have been prescribed for a pupil
- The parent should fill in and sign a Consent for the Administration of Prescribed Medication Form (Appendix D) and the Visit Leader will then administer and record the medication on the Medication Record Card (Appendix E). Should a pupil refuse the medication, this will be recorded and the parent informed as soon as possible
- Occasionally pupils will be allowed to self-medicate but parents must complete and sign the Consent for Self-Medication Form (Appendix F)

#### **Dealing with Accidents**

- Anyone who suffers minor accidents (scrapes, bumps, minor burns, etc.) should be given suitable First Aid. Parents of the pupil will be informed on the return to school
- If the accident is more serious, First Aid should be commenced on the spot by a trained First Aider and the emergency services contacted or the pupil taken to a local hospital Accident and Emergency department. Parents of the pupil will be informed as soon as reasonably practicable.

- The pupil will be accompanied by a member of staff who will act in “loco parentis” until a parent arrives or the pupil is well enough to return to the visit. The member of Senior Leadership contact assigned to the Educational Visit must be informed as soon as practicable

### **Head Injuries**

- All children who suffer a head injury on an Educational Visit should initially be seen by the trained First Aider for assessment and to plan ongoing care
- Staff should consider whether a referral to a GP, walk-in centre or Accident and Emergency is required using the information in the ‘Guidance for Managing Head Injuries’ document (Appendix F). This guidance is to help staff to treat head injuries when they happen and recognise signs which mean that a pupil requires further medical assessment or hospital treatment following a head injury
- After any head injury, regardless of severity, the pupil’s parents are to be informed as soon as practicable. When serious signs and symptoms are present and further medical help is needed, the parents will be contacted as soon as practicable

### **Concussion**

- Pupils with a concussion or suspected concussion should never return to sports or recreation activities on the same day the injury occurred
- They should delay returning to their activities until a health care professional experienced in evaluating for concussion says they are symptom-free. This means, until permitted, not returning to any physical activity on an Educational Visit

### **Overdose or poisoning**

- In an emergency situation, the Visit Leader should be called to the location of the pupil immediately, even for a suspected overdose or poisoning
- The decision to call for an ambulance depends on the initial assessment of the pupil
- In all circumstances, it is important to establish what substance was taken, how much and when. This can be done by asking the casualty but if unable to answer, by asking friends or anyone present
- An ambulance should be called in emergency situations, where the pupil has collapsed and is unresponsive. Ensure the airway is open (in the absence of trauma) and check for normal breathing. If they are unresponsive and not breathing normally, start cardiopulmonary resuscitation (CPR) immediately, and call for an ambulance
- The parents should be contacted as soon as practicable
- All pupils should be seen in hospital by a healthcare professional after a poisoning episode or overdose. Private transport to hospital may suffice, rather than calling an ambulance, but each situation should be assessed on an individual basis
- Pupils who are suspected of taking a paracetamol overdose should be urgently admitted to hospital, as people who have ingested paracetamol are frequently asymptomatic

### **Alcohol and Drugs**

- If a pupil is suspected of being under the influence of drugs or alcohol on an Educational Visit, the Visit Leader must prioritise the safety of the young person and those around them
- If necessary it should be dealt with as a medical emergency, administering First Aid and summoning appropriate support
- Parents will be contacted and depending on the circumstances, the police may need to be contacted

## **Guidance on specific medical conditions**

### **Anaphylaxis**

- Pupils at risk of anaphylaxis are prescribed an Adrenaline Auto Injector (AAI) (Epipen, Emerade or Jext)
- Each pupil should have two AAI's on the Educational Visit, one is kept with the pupil and one with the Visit First Aider. It must be returned immediately on return to school
- It is imperative that there is no delay in the administration of the AAI if any symptoms are noticed. If the pupil is unable to administer the AAI, it may be administered by any member of staff on the visit (including those with no First Aid training). An ambulance should be called as soon as symptoms develop
- Prior to departure, all staff are offered an online training course on how to use the AAI's and training devices are available within the Medical Room for hands on training. All staff on the Visit must feel confident to administer the Auto Injector should the need arise

### **Asthma**

- All pupils with asthma are advised to carry their reliever inhaler with them at all times, including on Educational Visits. Dependent on the child's age and competence, the inhaler can be kept on them or with a member of staff
- On Educational Visits it is the responsibility of the Visit Leader to check if any pupils are on the asthma register. They should ensure that the pupil has their asthma medication with them for the duration of the visit. If it is not available, a spare must be collected by the teacher from the Medical Room prior to departure and taken with the pupil. It must be returned immediately on return to school

### **Epilepsy**

- In the event of a seizure on an Educational Visit, staff are advised to look for an epilepsy identity card or bracelet which may give more information; prevent others from crowding around; remove any immediate danger to the patient and provide cushioning for head; no attempt to restrain the convulsive movements must be made and nothing put in the mouth; stay with the pupil until recovery is complete
- Once convulsions have stopped, check for injury, check airway and roll the pupil into recovery position, maintain dignity and throughout talk calmly and reassuringly
- Parents should be contacted as soon as practicable and record details of the episode, especially how long it lasted. The Visit Leader should then call an ambulance if it is believed to be the pupil's first seizure, the seizure lasts more than 5 minutes, one seizure follows another without the person regaining awareness between them, the person is injured during the seizure or the person needs urgent medical attention
- Certain pupils are prescribed "Rescue Medication" which needs to be administered if the seizure is longer than a specified time so it is important to make a note of the time the seizure starts to allow for this

### **COVID-19 Adjustment**

***In addition to the regular First Aid kit items, Trip First Aid Kits will contain a supply of Personal Protective Equipment (PPE) – face masks, gloves, visors and gowns.***

***When providing immediate care, Staff will assess the situation and maintain social distancing where possible.***

***If the injury is minor and the necessary treatment can be self-administered by the injured individual, then the First Aider should instruct the individual of the steps to be taken.***

## **Appendix A: First Aid Box Contents for Educational Visits**

- Leaflet giving general advice on First Aid
- 20 assorted individually wrapped plasters
- 2 large and 2 medium individually wrapped sterile wound dressings
- 1 x adhesive tape
- 2 individually wrapped triangular bandages
- Non sterile gauze
- 8 x Sterile wipes
- 4 x Sterowash
- 2 x Bandages
- 1 x resuscitation face shield
- Disposable gloves and yellow bag for waste
- Body Spills kit
- Sickness bags
- Cool Pack (single use)
- Thermometer

Visit Leaders are also expected to carry

- Emergency evacuation and First Aid card
- A list of medical conditions of pupils attending the visit
- AAls and Asthma inhalers for named pupils (if relevant)
- Medication for named pupils (if relevant)



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## Appendix B: Educational Visit Incident Report Form

Date(s) of visit:	
Destination:	
Name of Visit: (Year group and/or subject)	
Visit Leader:	
Summary of incident including times and dates: (expand this box as necessary)	
Attached documents: (please list and attach)	
Action taken by the Visit Leader:	
Conclusion of the Visit Leader:	
Signed (Visit Leader):	Date:

**This section must be completed by the Deputy Head with responsibility for Educational Visits**

Action taken:
Conclusion:

Signed:	Date:
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### Pupil Medical Monitoring Form – Appendix C

If a pupil is not well enough to take part in activities but does not require a visit to a doctor or hospital, they must to be monitored and an assessment carried out at least 4 hourly. The visit leader should assess the need to continue monitoring overnight.

Pupil Name	Date & Time	Responsive If the pupil is asleep are you able to rouse them	Temperature*	Skin assessment Are pupils warm to touch (normal), cool, clammy, mottled or have a rash	Passing urine	Vomiting#	Diarrhoea	Drinking	Eating	Notes

\*Normal temperature parameters for a child 36.4C – 37.5C. A fever is a high temperature of 38C or more. Very low body temperature is also a cause for concern.

#If a pupil is vomiting, they should not be left on their own.

If any abnormalities are noted the child needs to be seen by a medical professional.





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## Appendix D: Consent for the Administration of Prescribed Medication on an Educational Visit

### Pupil Details

Name ..... Date of Birth .....

Class/form .....

Condition being treated .....

### Medication

Name/type of medication (as described on the label) .....

Dose .....

Frequency .....

Date medication dispensed .....

How long will the medication be taken .....

All medicines must be kept in the original packaging with the instructions and handed to the visit leader.

I understand that I must deliver the medicine personally to the Visit Leader and accept that this is a service that the School is not obliged to undertake.

Signed ..... Print Name .....

Date .....



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## Appendix E: Medication Record Card

### Pupil Details

Name ..... Date of Birth .....

Class/form .....

Condition being treated .....

### Medication

Name/type of medication (as described on the label) .....

Dose .....

Frequency .....

Date	Name of medication	Dose given	Time given	Comments	Signed by staff member



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## Appendix F: Consent for Self-Medication on an Educational Visit

### Pupil Details

Name ..... Date of Birth .....

Class/form .....

Condition being treated .....

### Medication

Name/type of medication (as described on the label) .....

Dose .....

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Frequency .....

Date medication dispensed .....

How long will the medication be taken .....

All medicines must be kept in the original packaging with the instructions.

I would like my child to self-administer the above medication. I accept responsibility and am confident that my child will keep the medication safe and only take the prescribed dose.

Signed ..... Print Name .....

Date .....

## Appendix G: Guidance for Managing Head Injuries

A head injury can cause a range of symptoms depending on whether the brain has been injured, and how severely. Most head injuries are minor but in some cases they can cause severe brain damage. Signs of a traumatic brain injury usually appear in the first few hours after injury and may lead to serious complications that need immediate treatment. The main complications are bleeding and bruising or swelling in the brain.

All pupils who suffer a head injury at school should initially be seen by the Visit First Aider for assessment and to plan ongoing care. Staff should consider whether a referral to a medical practitioner is required using the information in this document. This guidance is to help staff to treat head injuries when they happen and recognise signs which mean that a child requires further medical assessment or hospital treatment following a head injury.

After any head injury, regardless of severity, the pupil's parents are to be informed as soon as practicable. Advice will be given to parents on signs and symptoms to look for, which would require further medical attention.

### Treatment

- Hold an ice pack to the injury to bring down any swelling
- Rest and avoid stress
- Give paracetamol to relieve pain or a headache – do not use ibuprofen or aspirin as they could cause the injury to bleed
- The pupil needs to be observed for a minimum of 30 minutes

### When to call 999

Call 999 for an ambulance if someone has injured their head and has

- Fallen unconscious or lack of full consciousness
- Difficulty staying awake
- Problems with understanding, speaking, writing, walking or balance
- Numbness or weakness in part of their body
- Problems with their vision
- Clear fluid coming from their ears or nose
- Bleeding from their ears or bruising behind one or both ears
- A black eye with no obvious damage around the eyes
- A fit (seizure)
- Hit their head in a serious accident, such as a car crash
- Any signs of skull damage or a penetrating head injury

### Someone with a head injury needs to go to the hospital's accident and emergency department (A&E) as soon as possible if anything below applies

- Was unconscious but has now recovered
- Any vomiting
- A headache that won't go away with painkillers
- Irritability or altered behaviour such as being easily distracted, not themselves, no concentration, or no interest in things around them
- Problems with memory of events before or after the injury
- The person is intoxicated by drugs or alcohol
- The person has had previous problems with uncontrollable bleeding or a blood clotting disorder, or is taking a drug that may cause bleeding problems (for example, warfarin)
- The person has had previous brain surgery
- There are safeguarding concerns, for example about possible non-accidental injury or because a vulnerable person is affected

If you are unable to get someone to A&E safely or there is to be a significant delay - call 999.

## **Concussion**

Concussion is a temporary injury to the brain caused by a bump, blow or jolt to the head. This typically presents as a rapid onset of short lived impairment of brain function that resolves spontaneously. It usually only lasts up to few days or weeks, although it sometimes needs emergency treatment and some people can have longer-lasting problems.

### **Signs and symptoms**

Signs of a concussion usually appear within a few minutes or hours of a head injury. But occasionally they may not be obvious for a few days, so it's important to look out for any problems in the days following a head injury.

Pupils who experience one or more of the signs and symptoms listed below after a bump, blow, or jolt to the head or body should be referred to the Visit First Aider who will then refer to a health care professional experienced in concussion.

There is no one single indicator for concussion. Rather, recognizing a concussion requires a symptom assessment. The signs and symptoms of concussion can take time to appear and can become more noticeable during concentration and learning activities in the classroom. For this reason, it is important to watch for changes in how the pupil is acting or feeling, if symptoms become worse, or if the pupil just "doesn't feel right."

### **Signs to observe**

- Appears dazed or stunned
- Is confused about events
- Repeats questions
- Can't recall events prior to the hit, bump, or fall
- Can't recall events after the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behaviour or personality changes

### **Signs reported by student**

#### **Thinking/Remembering**

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

#### **Physical**

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling occurred on a prior day
- Does not "feel right"

#### **Emotional**

- Irritable or sad
- More emotional than usual
- Nervous

#### **Sleep\***

- Drowsy
- Sleeps less/more than usual
- Has trouble falling asleep

\*Only ask about sleep symptoms if the injury happened on the prior day

Pupils with a concussion or suspected concussion should never return to sports or recreation activities on the same day the injury occurred. They should delay returning to their activities until a health care professional experienced in evaluating for concussion says they are symptom-free.