

## FIRST AID POLICY

This policy includes current First Aid provision at the point of need, incident management, reporting of injuries, First Aid assessment, boys with special medical conditions, areas of responsibility, and current personnel.

This Policy should be read in conjunction with the policies listed below:

- Safeguarding Policy; Alcohol and Smoking (Boys) Policy;
- Away Fixtures Handbook;
- Bounds Safety Hazards and Risk Assessments for Pupils Policy;
- Catering Policy and Practice Policy;
- Critical Incident Management Policy;
- Disabled Persons (The Treatment of Policy);
- Drugs Policy;
- Emergency Procedures Policy;
- General Health and Safety Policy;
- Medical Policy;
- Pastoral Education Policy;
- Self-Harm Policy;
- Trips and Educational Visits Policy.

### FIRST AID PROVISION AT THE POINT OF NEED

#### Location of Emergency First Aid Equipment

The School provides First Aid emergency response by locating equipment for trained First Aiders in the Defibrillator cabinet at following locations:

- Outside the Porters Lodge
- Theatre Reception area
- Chapel cloisters
- Grounds Workshop (externally)
- Estates department

Each of these is maintained. by the Community and Safety officer (CSO) with monthly inspections and annual review by the Safety and Security Manager. There are two further defibrillators located at the Medical Centre and TSC.

School Departments will maintain their own basic First Aid equipment for minor injuries not requiring the attendance of a First Aider

#### The Defibrillators

There are seven defibrillators located around School. Five of them are in cabinets for the use of First Aiders in those locations or for transport to an incident. There are also dedicated defibrillators at the TSC and Medical Centre where there is a higher likelihood of emergency use. The batteries and gel pads are maintained by the CSO during monthly inspection and trained staff at the Medical Centre / TSC.

## Who to Contact

Where the casualty is unconscious or has a life-threatening injury, phone 999 first and get a colleague to contact in the following order for a First Aid Response. An unconscious casualty will be nominated CODE 1 in the same way as the TSC to keep the response the same across the School. Radios issued to departments across the School contain a business card with this information for staff and are also the method of contacting support.

Duty Porter Phone 07768 900796

Reception (in hours) 4290

Both will have details of all available School First Aiders to provide a rapid response.

## Details of First Aid Provision

For boys **only** requiring non-emergency First Aid, the School Medical Centre is provisioned and staffed 24 hours a day during term-time and short exeats. The Sister in Charge of the Medical Centre and her Nurses are Registered General Nurses and are thus qualified to administer First Aid under the Regulations. They are not necessarily specifically First Aid trained.

If available and free to do so, the Nurses from the Medical Centre may attend and assist at any significant incident, but their specific priority is to boys that might already be admitted to the Medical Centre. Thus, the first response to any incident should be through the First Aider trained staff. Sporting injuries to both boys and staff will continue to be dealt with by the staff in charge of the activity at the time, as described in the Incident Management protocols below. Additional arrangements are also made on match days.

## Regular Medical Training of Staff

All teachers in charge of games and activities are to ensure that members of staff who help them are adequately trained in First Aid, appropriate to the game or activity. This is especially important for off-site activities. All teaching staff taking games and activities at whatever level in School will have attended a 2-hour Academic First Aid course on joining the School and an annual refresher thereafter (takes place in the Lent Term). All members of staff are encouraged to undertake further First Aid training, on a voluntary basis, where this is above the Schools' minimum requirements; the School provides:

- **A 2-hour Academic First Aid course** (valid for one year): a “keep the casualty alive until help arrives” session (this is mandatory for all new members of the teaching staff). Due to CV19 restrictions, a refresher took place in September 2021.
- **A short refresher course** (valid for one year) for all members of the teaching staff in September or January of each academic year, covering cardio-pulmonary resuscitation and usually one or more other aspects of First Aid relevant at the time.
- **First Aid at Work:** a 3-day course (valid for three years) providing the comprehensive set of practical skills needed by First Aiders, giving them the ability and knowledge to deal with First Aid emergencies.
- **Emergency First Aid at Work:** a 1-day course (valid for three years) enabling a First Aider to give emergency First Aid to someone who is injured or becomes ill while at work.
- **Outdoor First Aid** – a 2-day course (valid for three years) covering First Aid and life-support in an outdoor setting.
- **Various courses for boys:** all Novi boys complete a 2-hour basic course as part of their Afternoon Activities programme; further training is offered to those within the Duke of Edinburgh's Award, Terriers and Life Saving groups.

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## **INCIDENT MANAGEMENT For accidents, injuries and dangerous occurrences anywhere in the School and also for boys and staff during games and trips etc.**

### **Contact Details:**

The Medical Centre: 01732 304272 (internal 4272). Term Time only  
School Reception: 01732 365555 (internal 4290)  
Duty Porter mobile: 07768 900796

### **1. Life Threatening:**

- Immediate basic life support, then...
- Summon an ambulance immediately using 999 and arrange for someone to meet and direct it to the incident;
- Summon an appointed School First Aider, by calling the Duty Porter Phone 07768 900796 or Reception (in hours) 01732 365555 (internal 4290) both locations have lists of those trained ;
- In cases of suspected spinal injury, do not attempt to move the casualty;
- Immediate First Aid, keep the injured person warm, insulating from below as well as above, unless a suspected neck or spinal injury;
- Reassure and keep the casualty calm.

### **2. Defibrillators**

There are seven defibrillators located around School. They are located in the Medical Centre, the EM. Forster Theatre, the Tonbridge School Centre, Outside the Porters' Lodge, in the Chapel and at the Estates and Grounds Workshop and are accessible to all staff. Staff in all areas of the School are trained in the use of a defibrillator. The School Porters' number should be used to summon a defibrillator to your location and a First Aider during School hours.

### **3. Serious, But Not Life Threatening**

- In cases of suspected spinal injury, do not attempt to move the casualty;
- Immediate First Aid, keep the injured person warm, insulating from below as well as above, reassure and keep the casualty calm;
- Summon an ambulance if necessary, summon a First Aider or otherwise arrange for transfer to the Medical Centre;
- If necessary, the Duty Porter mobile can be called to arrange for a member of support staff to attend and assist.

### **4. Suspected Head Injury or Concussion**

- Any boy who has had any form of head injury, suspected or apparent concussion should always be taken to the Medical Centre by a member of staff;
- If necessary, the Duty Porter mobile can be called to arrange for a member of support staff to attend and assist.

## 5. All Other Injuries

- Immediate First Aid;
- Accompany (or arrange accompaniment for) the injured person to the Medical Centre.

### Staff **MUST** comply with the following:

- **Never send a boy, no matter how slight his injury, back to his House but always to the Medical Centre;**
- **Never send an injured boy to the Medical Centre alone – always provide an escort – and check afterwards that the injured person did report;**
- **Any boy who has had any form of head injury should always be accompanied to the Medical Centre by a member of staff (see 4. above).**

## REPORTING OF INJURIES AND ‘NEAR MISSES’, ETC. - RIDDOR

An online form for recording accidents – the Accident/Injury/Dangerous Occurrence Report Form - is found on the Tonbridge App and the vast majority of accidents are reported and logged via this system, this includes a widget on the Tonbridge For Staff app for users to create the form at the incident or other convenient location. There remain Accident Report Books for staff without Internet access, particularly in non-teaching Departments, and these are collated and monitored by the Health and Safety Advisor. This is vital part of the process in order for the Safety and Security Manager to review individual incidents and report yearly to the Health and Safety Committee.

- **Injuries to Boys.** In all cases, the member of staff is to report an injury to a boy to the Departmental Head and must also complete an online Accident/Injury/Dangerous Occurrence Report Form. This triggers an email alert to the Health and Safety Advisor(s), the Safety and Security Manager, and the relevant Housemaster. Staff must always inform the Housemaster, after having dealt with the boy, at the earliest opportunity to ensure that this message has been received. ***It is the responsibility of the Housemaster to inform parents of any accident or injury to a boy. In his absence this duty may be delegated to the Assistant Housemaster or Matron or, if appropriate, to Nursing Sisters in the Medical Centre.***
- **Injuries to Teaching and Support Staff, Visitors and Others.** Either the member of staff or a colleague should inform the Departmental Head and must also complete an online Accident/Injury/Dangerous Occurrence Report Form or a paper Accident Report Form which should go to the Safety and Security Manager. This will then be inputted onto the online form to capture the data. In addition, all injuries taken to the Medical Centre will be recorded there in the usual manner and forwarded to the Safety and Security manager.

## TRAUMA DEBRIEF

First Aid emergencies can be an especially traumatic incident for all involved including First Aiders and those assisting. As a result, an informal debrief will take place with the Safety and Security Manager or Matron to ensure staff welfare is considered. Referral to counselling is also an option where staff struggle to reconcile incidents in which they have been involved.

## Dealing with the Spillage of Bodily Fluids

- **Staff precautions.** In general, if staff giving physical care to boys have cuts and abrasions, these should be covered with waterproof or other suitable dressings. Whenever and wherever possible, staff should wear disposable gloves when dealing with body fluids. These are included in all issued First Aid kits and boxes within the School.
- **Accidents involving external bleeding.** A trained First Aider should be called who will assess the incident and apply First Aid.
- **Splashes of blood.** Splashes of blood on the skin should be washed off immediately with soap and water. Splashes of blood into the eyes or mouth should be washed out immediately with copious amounts of water. After accidents resulting in bleeding, contaminated surfaces, e.g., tables or furniture, must be reported to the School Marshal for appropriate cleaning to take place.
- **General hygiene.** Spillages of blood and vomit should be cleared up as quickly as possible with hot water and detergent. Departments with a spillages kit, such as the Chapel and the Medical Centre, may use that as appropriate. If practical, the diluted bleach should be left for 30 minutes before being wiped up with disposable paper towels before cleaning liberally, as above. Disposable gloves and apron should be worn. Individual paper towels may be discarded down the toilet. However, if many are used, it is preferable to treat them as infected waste. Gloves and aprons should be discarded as infected waste. (See paragraph below). Clothes and linen that are stained with blood or semen should be washed in a washing machine at 60 degrees centigrade for 10 minutes or boiled before hand-washing. Crockery and cutlery can be cleaned by hand-washing with hot soapy water or in a dishwasher or dish steriliser and then allowed to air-dry. In general, normal cleaning methods should be used - no special disinfectants are necessary for either the bath or toilet, use disposable cloths, and use separate cloths for kitchen, for bathroom and for toilet. In the main School building this should be in consultation with the School Marshall to maintain business continuity, including alternative rooms.
- **Waste disposal.** Medically Soiled waste should be placed in clinical waste bags and taken to the Medical Centre where it will be disposed of appropriately. For more general waste, the rubbish including protective disposable gloves or aprons should be "double bagged" in a plastic bag, effectively secured and disposed of in a dustbin. When work is completed, wash and dry your hands.

## THE FIRST AID ASSESSMENT

The School has several areas which require consideration. Though separate, they do overlap in terms of resolution and current provision and the following areas have been identified:

- As an Employer, the School must meet the statutory Health and Safety (First Aid) Regulations 1981 for its many staff. It also has a duty towards others at the workplace who are not staff members but who are nevertheless affected by how the organisation is run. This includes boys, parents and other visitors to the workplace.
- As a School (with almost 60% of boys boarding), it must provide appropriate care for its boys, both in School and during School activities, in term and holiday periods.
- The School is also obliged, under these regulations, to provide cover for those staff and students involved in the Holiday Courses, whilst on the School premises.

Requirements for First Aid cover vary during the year:

During Term-time	Boys are present; most staff are available
During Holiday Time	No boys; some teachers might be present but Secretarial, Bursarial, Porters, Grounds, Estates, some Catering, Cleaning and Technical staff are present
During Recre8 Courses	Outside pupils and outside staff are present

## BOYS WITH SPECIAL MEDICAL CONDITIONS

Boys who have life-threatening or serious medical conditions (such as diabetes, dietary intolerances / allergies, anaphylaxis, heart conditions or epilepsy) have their conditions registered in a document available to staff. Colleagues are made aware of the needs of such boys through staff meetings and email, where appropriate, and through identification on the database. All staff receive training in how to administer an AAI/epipen for those boys who require it. The Medical Centre (and Housemaster) holds all the relevant medical information on such boys. All boys with special medical needs are identified before going on School trips so that staff accompanying are aware of both the issue and any possible intervention or action that might be required on their part.

## ANAPHYLAXIS AND ADRENALINE AUTO-INJECTORS (AAIs), e.g. EPIPENS

The School takes all reasonable precautions to prevent boys being exposed to an allergen to which they have an anaphylactic reaction. This includes:

- requesting relevant information from parents, then storing and distributing this information to those staff and departments who need to know;
- training staff how and when to use an AAI such as an Epipen/Jext/Emerade;
- obtaining consents from parents/boys for the use of centrally stored emergency AAIs in certain circumstances (centrally stored emergency AAIs are held in the Medcentre and in the TSC);
- informing boys of the use of specific allergens in the food by the head chefs and on the menus in each dining room;
- staff organising events to check the allergies list and check that caterers are aware.
- staff referring any queries about the food to a member of the Catering Department;
- displaying images of boys who carry an AAI and who are at risk of anaphylaxis in all kitchens;
- requesting information about allergies and anaphylaxis from boys when they order packed lunches or eat in locations other than their House dining room;
- informing the boys of our expectations of them to minimise the risks of their being exposed to an allergen, including the need for them to carry their AAI at all times and to communicate with the Catering Department if they are eating in dining rooms other than their House dining room;
- requiring staff to check that boys are carrying their AAI when on a School trip or fixture;
- removing some allergens from the menu altogether where a boy's sensitivity to an allergen is particularly high;
- providing allergen training for all catering staff.

### Common anaphylaxis triggers include:

- **foods** - including nuts, milk, fish, shellfish, eggs and some fruits
- **medicines** - including some antibiotics and non-steroidal anti-inflammatory drugs (NSAIDs) such as aspirin
- **insect stings** - particularly wasp and bee stings
- **general anaesthetic**

- **contrast agents** - special dyes used in some medical tests to help certain areas of your body show up better on scans
- **latex** - a type of rubber found in some rubber gloves and condoms

### **Symptoms and signs – Not all may be present**

Staff should be aware of the symptoms of an anaphylactic reaction. The most obvious of these include:

- **swelling or itching of the lips, tongue, throat or skin;**
- **hives (raised and itchy rash);**

Other symptoms include:

- difficulty breathing;
- cramps or nausea;
- increased heart rate;
- chest pain.

Someone suffering from an anaphylactic response may experience:

- sudden feelings of weakness;
- feeling faint;
- confusion;
- anxiety;
- an 'overwhelming sense of doom';
- a collapse or loss of consciousness.

### **What to do if you suspect someone is suffering from an anaphylactic reaction.**

Immediately contact the following

Duty Porter Phone 07768 900796  
Reception (in hours) 01732 365555

Both will have details of the Duty First Aider and all First Aiders available to the School for a rapid response

Instructions for use of AAls are clearly printed on the device itself.

The guidance below is taken from the NHS (<https://www.nhs.uk/conditions/anaphylaxis/>).

If someone has symptoms of anaphylaxis, you should:

- **use an adrenaline auto-injector if the person has one** – but make sure you know how to use it correctly first
- **call 999 for an ambulance immediately (even if they start to feel better)** – mention that you think the person has anaphylaxis
- **remove any trigger if possible** – for example, carefully remove any wasp or bee sting stuck in the skin
- **lie the person down flat** – unless they're unconscious, pregnant or having breathing difficulties
- **give another injection after 5-15 minutes** if the symptoms don't improve and a second auto-injector is available

## DIABETES

Most people with diabetes manage their condition well with diet and/or self-administered insulin. Sometimes sugar levels may increase or drop and the patient needs urgent First Aid. These conditions are called hypoglycaemia (low blood sugar levels) and hyperglycaemia (high blood sugar levels).

Symptoms and signs – Not all may be present:

### Hypoglycaemia:

Extreme tiredness and loss of concentration  
Severe thirst  
Abdominal pain nausea or vomiting  
Dizziness and loss of coordination  
Erratic or argumentative behaviour  
Rapid loss of consciousness if not treated  
Promptly  
Persistent headache  
Pale or sweaty skin  
Can seem drunk

### Hyperglycaemia:

Increased thirst and/or hunger  
Frequent urination  
Sugar in your urine  
Headache  
Blurred vision  
Fatigue  
Shortness of breath  
Fruit-smelling breath (pear drops)  
Dry mouth  
Additionally, stomach pain, nausea, vomiting, and confusion

- If the patient is **unconscious**, support the patient on their side and call 999 for an ambulance. Then call the Medical Centre (term-time) or the First Aider. Do not attempt to feed the patient.
- If **conscious**, see if the patient can check their blood sugar level and act appropriately (e.g. inject insulin) or give the patient nourishment as described below and call the Medical Centre (term-time) or the First Aider. If the patient is still fully conscious, has low blood sugar and is able to swallow, give a sweetened drink, chocolate or glucose sweets to suck – an improvement usually occurs within minutes. If no improvement or deteriorating, call 999 for an ambulance. When the patient is more alert, offer a more substantial carbohydrate meal of a sandwich /toast or crisps/biscuits/ fruit etc. A Doctor should see the patient as soon as possible. Give frequent reassurance during recovery because the patient may be confused.

## ASTHMA

Symptoms and signs – Not all may be present

- Breathlessness and difficulty speaking more than a few words without a gasp of air
- Wheezing
- Persistent cough, often moist and ‘rattling’
- poor skin colour, especially blueness of lips and fingertips
- obvious difficulty breathing

Help the Patient to rest and be calm. Help the patient into a position of greatest comfort. Usually this is sitting upright, leaning forward with arms resting on a table.

Assist with medication. Help the patient take any ‘reliever’ medication they have (normally a blue coloured inhaler). If a spacer is available, the patient should use it to take the medication, one puff at a time. Give several puffs of the medication and then repeat this dose after about 5 minutes if no improvement has occurred. If the patient has no medication or the medication is having no effect – call 999 for an ambulance. Then call the Medical Centre (term-time) or the First Aider. Continue to assist the patient with puffs of inhaler every 5 minutes until an ambulance arrives.



**EPILEPSY**

The most common cause of a fit is epilepsy. Other reasons are: a head injury, some brain damaging diseases, low oxygen or glucose levels in the brain, some illegal drugs, poisons or alcohol.

Signs of epilepsy will be sudden unconsciousness, convulsive movements and rigidity and arching of the back. Breathing may become difficult or cease. There may be loss of bladder and bowel control. Usually after a few minutes the muscles will start to relax and breathing becomes normal. Consciousness is recovered but they may be dazed, confused and drowsy.

- Protect the patient from injury. Ease their fall if possible, make space around them, clear bystanders. If possible, protect their head with soft clothing underneath it, loosen clothing around the neck. Note the time the seizure started and finished.
- When the seizure has finished, open airway and check breathing, place in recovery position if breathing. If not, be prepared to perform CPR.
- If any of the following apply, call 999 for an ambulance: if unconscious for longer than 10 minutes; if the seizure is longer than 5 minutes; if they are having their first ever seizure or having repeated seizures; if there is no known reason for a seizure.
- Otherwise please call the Medical Centre (term-time) or First Aider

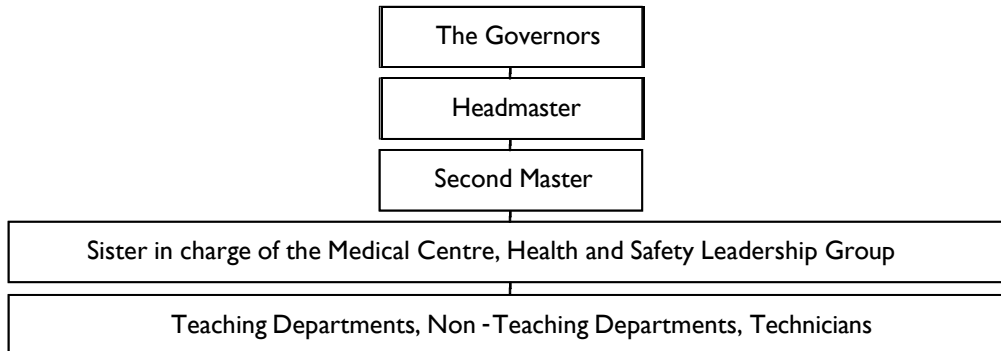
## AREAS OF RESPONSIBILITY

### Term-time

Responsibility for First Aid lies with the School Governors, but is delegated through the Headmaster to the nominated and trained First Aiders who, together with the Medical Centre Nurses, are the 'Suitable Persons' as defined in the Regulations and ensure that, together with other trained staff, the School provides the required number of trained personnel as stipulated in the Regulations. The Regulations also identify other Duties of the Employer to their staff, including:

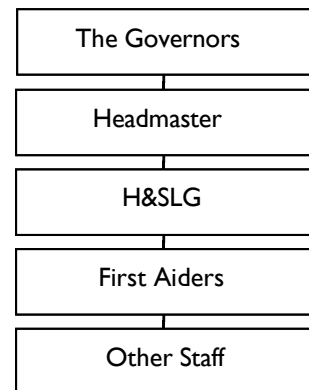
- The provision of First Aid equipment (including First Aid kits);
- The provision of First Aid facilities, i.e. a room suitable for First Aid and treatment (the Medical Centre and the Sports and Media Centre);
- Notification of the above provisions to all staff;
- Ensuring that First Aid Grab Bags are immediately available and maintained to the required standard. Smaller kits in some departments and vehicles will be the responsibility of those departments.
- Record-keeping of all actual and potential incidents and their evaluation;
- Recording of all staff training and the need for refresher courses; and
- Identification of areas of 'Specific Hazard' and ensuring that adequate training and facilities are available for these.

The Headmaster’s Health and Safety Advisor and the Safety and Security Manager carry out the above duties. Areas of “Specific Hazard” will be in liaison with the appropriate Head of Department. Thus, the lines of responsibility are as follows:



### Holiday Time

As for term-time, but the Medical Centre is closed. The official 'First Aiders' for this 'place of employment' during School holidays and half terms will be those designated as trained First Aiders. Suitable facilities will be provided in the Lowry complex as it can afford privacy, access to necessary facilities and it is close to Reception and the Porters’ Lodge. Contacting the Duty First Aider will be in the usual way. Records will be kept by the Safety and Security Manager and shared with the Headmaster’s Health and Safety Advisor at the beginning of each term, as appropriate. The lines of responsibility are as follows:



## Special Hazards and Risk Assessments

The Head of each teaching and non-teaching Department maintains a current Assessment of Risk for all activities and First Aid requirements, if any. Copies of these are kept with the Health and Safety Advisor for the Houses and teaching departments, and the Safety and Security Officer for the administrative and support departments.

## Evaluation and monitoring

Evaluation of incidents will be by the Health and Safety Advisor(s) and / or the Safety and Security Manager in liaison with the Medical Centre Sister, as events dictate or annually if otherwise. Specific areas of responsibilities for these two officers are outlined in the main Health and Safety Policy.

Evaluation of this document and updating of the School's provision and procedures will take place towards the end of each academic year, unless events dictate otherwise.

## DATA PROTECTION

Personal information supplied to the School will not be disclosed to other parties outside Tonbridge School in accordance with our Privacy Notice which is available on our website.

## CURRENT PERSONNEL

School Doctors	Dr R Claxton Dr J Moore
Medical Centre Sister-in-Charge	Clare Moore
Medical Centre Nurses	Sabrina Dodson Jane Brown Jolande Rule Rosie Henley Kate Rudd Bessie Pulman
Headmaster's Health and Safety Advisor	Chris Morgan
School Safety and Security Manager	Andy Gallon

## TRAINED STAFF

A current and up-to-date list of trained staff, and their level of training, is kept by the HR Department and is regularly reviewed and updated in consultation with the Safety and Security Manager.

**ANNEX I: FIRST AID TRAINING**

<p style="text-align: center;"><b><u>First Aid at Work (FAW – 3 days)</u></b></p> <p><i>Externally accredited. Valid 3 years.</i></p> <ul style="list-style-type: none"> <li>• Incident assessment</li> <li>• Roles &amp; responsibilities of First Aider</li> <li>• DRSABCD</li> <li>• Casualty assessment</li> <li>• Unresponsive casualty</li> <li>• Airway management</li> <li>• CPR – (theory &amp; practical)</li> <li>• Recovery Position</li> <li>• Choking adult/child</li> <li>• Internal/External bleeding</li> <li>• Minor injuries</li> <li>• Shock</li> <li>• AED</li> <li>• Secondary survey</li> <li>• Injuries to bones, muscles and joints</li> <li>• Head or Spinal injury</li> <li>• Chest injury</li> <li>• Burns &amp; Scalds</li> <li>• Eye injury</li> <li>• Poisoning</li> <li>• Reporting</li> </ul>	<p style="text-align: center;"><b><u>Emergency First Aid at Work (EFAW – 1 day)</u></b></p> <p><i>Externally accredited. Valid 3 years.</i></p> <ul style="list-style-type: none"> <li>• Roles &amp; responsibilities of First Aider</li> <li>• DRSABCD</li> <li>• Casualty assessment</li> <li>• Unresponsive casualty</li> <li>• Airway management</li> <li>• CPR – (theory &amp; practical)</li> <li>• Recovery Position</li> <li>• Choking adult/child</li> <li>• External minor bleeding</li> <li>• Minor injuries</li> <li>• Shock</li> <li>• AED</li> <li>• Reporting</li> </ul>
<p style="text-align: center;"><b><u>Outdoor First Aid (OFA – 2 days)</u></b></p> <p><i>Externally accredited. Valid 3 years.</i></p> <ul style="list-style-type: none"> <li>• Action &amp; priorities in an emergency</li> <li>• Primary and secondary survey</li> <li>• Unconscious casualty</li> <li>• Basic Life Support (Adult and Child CPR)</li> <li>• AED</li> <li>• Choking adult/child</li> <li>• Heart Attack</li> <li>• Stroke</li> <li>• Anaphylaxis</li> <li>• Diabetes</li> <li>• Seizure</li> <li>• Fractures</li> <li>• Minor and major bleeding</li> <li>• Head injuries</li> <li>• Spinal injuries</li> <li>• Hypothermia and Hyperthermia</li> </ul>	<p style="text-align: center;"><b><u>Academic First Aid (AFA – 2hrs)</u></b></p> <p><i>All academic staff on induction. Mandatory annual refresher.</i></p> <ul style="list-style-type: none"> <li>• DRSABCD</li> <li>• Barriers</li> <li>• Hand washing and gels</li> <li>• Airway management</li> <li>• CPR – adult/child (theory and practical)</li> <li>• Cardiac arrest</li> <li>• AED introduction</li> <li>• Choking adult/child</li> <li>• Allergies</li> <li>• Asthma</li> <li>• Epipens</li> <li>• Medical Centre</li> <li>• Boys with head injury</li> <li>• Reporting</li> </ul>

## ANNEX I: FIRST AID TRAINING (Cont'd)

<b><u>National Pool Lifeguard Qualification (NPLQ)</u></b>	<b><u>Nursing &amp; Midwifery Council</u></b>
<p><i>Nationally accredited.</i></p> <ul style="list-style-type: none"> <li>• Continuation training each month</li> <li>• CPR</li> <li>• AED</li> <li>• 2 training sessions held per month</li> <li>• Unable to perform role unless training attended</li> <li>• Additional training and competency test required if compulsory missed</li> </ul>	<p><i>National registration. Term-time only.</i></p> <ul style="list-style-type: none"> <li>• Qualified Nurse</li> <li>• 450 Practice hours required</li> <li>• CPR</li> <li>• AED</li> <li>• CPD</li> <li>• Must maintain registration</li> </ul>