

## First Aid Policy

<b>This policy has been written for...</b>	All staff students parents and carers, visitors at West Heath School
<b>Copies of this policy may be obtained from...</b>	<ul style="list-style-type: none"> <li>The School <b>web site</b> - <a href="http://www.westheathschool.com">http://www.westheathschool.com</a></li> <li>It is available as a hard copy on request from the <b>school office</b></li> <li>Hard copies for reference are filed in the <b>staff room</b></li> </ul>
<b>This policy links with the following policies</b>	<p>This policy should be read in conjunction with health and safety and risk assessment procedure</p> <p>Administration of medication policy</p> <p>Blood and Body Fluid Spills (pol/appendix)</p>
<b>Participants and consultees in the formulation of this policy were...</b>	The Principal, Senior Leadership Team, student services committee and the Trustees of the School.
<b>Edition, Review frequency and dates</b>	<p>This is edition 5 released June 2019</p> <p>This policy will be reviewed every 2 years</p> <p>It is due for review June 2021</p> <p>Note: All West Heath Policies are currently being overviewed, this policy is renewed and if necessary replaced in September 2021.</p>
<b>Relevant statutory guidance, circulars, legislation &amp; other sources of information are...</b>	The Health and Safety (First Aid) Regulations 1981
<b>The Lead Member of staff is</b>	Vice Principal` Care & Safeguarding
<b>Definitions and key terms used in this policy...</b>	
<b>The Rationale and Purpose of this policy</b>	<p>To provide effective, safe First Aid cover for students, staff and visitors.</p> <p>To ensure that all staff and students are aware of the system in place.</p> <p>To provide awareness of Health &amp; Safety issues within school and on school trips, to prevent, where possible, potential dangers or accidents.</p> <p>NB The term FIRST AIDER refers to those members of the school community who are in possession of a valid First Aid at work certificate or equivalent.</p>
<b>Appendices</b>	This policy has 5 Appendices: Health Care Statement, Anaphylaxis, Bump to Head, Head Injury and Concussion Protocol, Vomiting and Diarrhoea and Asthma
<b>Copying</b>	No school policy is ever written in isolation. Acknowledgement of sources of advice and significant influence in the development and recording of policies at the School are noted on the front page. We request that any schools or

organisations incorporating large sections of this policy without alteration should make similar appropriate acknowledgement.

### The Aim of this policy..

The **First Aid Policy** at West Heath School is in operation to ensure that every student, member of staff and visitor will be well looked after in the event of an accident, no matter how minor or major.

### School Nurse

The school nurse will:

- At the start of each academic year, provide the first aiders with a list of students who are known to be asthmatic, anaphylactic, diabetic, epileptic or have any other serious illness.
- Have a file of up to date medical consent forms for every student in each year and ensure that these are readily available for staff responsible for school trips/outings.
- The school nurse will ensure that first aid kits are adequately stocked and always to hand.
- Ensure that a medical consent form is signed when students start the school, not done yearly
- Ensure that a current medical consent form for every student taken out on a school trip indicates any specific conditions or medications of which staff should be aware.

Note: Consent is signed when students start school, not done on a yearly basis.

### First Aiders

FIRST AIDERS will:

- Ensure that their qualification is always up to date. They will notify the School Nurse 3 months before their refresher training is required
- Always attend a casualty when requested to do so and treat the casualty to the best of their ability in the safest way possible. This includes wearing gloves where any loss of blood or body fluid is evident, calling for help from other First Aiders or Emergency Services
- Help fellow First Aiders at an incident and provide support post incident
- Strongly recommend that **any** casualty who has sustained a significant head injury is seen by professionals at the hospital, either by sending them directly to hospital or (in the case of a student) by asking parents/carers to collect them from school to take them to hospital. Ensure that parents/carers are informed of all head injuries promptly – see Appendix 1
- Ensure that parents/carers are notified of any injury or illness as soon as possible
- If someone is taken to hospital in an ambulance:
  - if requested by the paramedics, a member of staff must accompany the casualty (students and staff) in the ambulance
  - if a parent/carer cannot be contacted regarding a student; a member of staff is to go to the hospital with them to act in loco parentis
  - met at hospital by a relative.
- The member of staff accompanying the casualty does not have to be a First Aider; however, an appropriate person should be sent.
- Liaison **must** occur with a Vice Principal, to ensure that any staff absences are covered.

- Ensure that everything is cleared away, using gloves, and every dressing etc. be put in a yellow/black striped bag for contaminated/used items and sealed tightly before disposing of the bag in the appropriate bin. Any bloodstains on the ground must be washed away thoroughly. No contaminated or used items should be left lying around. All items to be disposed of in correct manner.
- Ensure School Nurse/Estates Manager is made aware of all incidents that require a RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) report

**The Accident Book (which can be found in the medical room) and Behaviour Watch must be completed for all accidents.**

### Senior leadership team

#### The Senior Leadership Team will:

- Provide adequate First Aid cover as outlined in the Health & Safety [First Aid] Regulations 1981.
- Monitor and respond to all matters relating to the Health & Safety of all persons on school premises.
- Ensure all new staff are made aware of First Aid procedures in school during their induction.
- Ensure First Aid cover is available throughout the working hours of the school week (including the residential provision).

### All adults

#### All staff will:

- **Ensure that they complete a risk assessment for any student going on a school trip taking full account of first aid requirements**
- Obtain the history relating to a student not feeling well, particularly in the cases of headaches, to ensure that no injury has caused the student to feel unwell. If the cause is due to an injury/accident the student **must** be referred to the Nurse or a First Aider for examination.
- Familiarise themselves with the First Aid procedures in operation and ensure that they know who the current First Aiders are.
- Ensure that their students are aware of the procedures in operation.
- Never move a casualty until they have been assessed by a qualified First Aider unless the casualty is in immediate danger.
- Request help from reception as possible; either by sending a member of staff, telephone or two way radio, ensuring that the messenger knows the precise location of the casualty. Where possible, confirmation that the message has been received must be obtained.
- Reassure, but never treat, a casualty unless staff are in possession of a valid First Aid Certificate or know the correct procedures; such staff can obviously start emergency aid until a First Aider arrives at the scene or instigate simple airway measures if clearly needed.
- Send a student who has minor injuries to Medical room if they are able to walk where the Nurse/First Aider will see them and assess them; this student should be accompanied.
- Students who are generally feeling unwell should be assessed by the School Nurse.
- Have regard to personal safety.

---

**Office staff****OFFICE STAFF** will:

- Call for a qualified First Aider, to treat any injured student, giving the specific location of the casualty.
- Support the First Aiders in calling for an ambulance or contacting relatives in an emergency
- Send students who simply do not feel well to be assessed by the School Nurse.

---

**Persons with particular responsibilities**

School Nurse, Principal, SLT, Tutors, Trustees

---

**Other Participants & Stakeholders**

Placing/Caring Authorities  
All Staff  
Visitors

---

**Monitoring & Evaluation**

School Nurse  
Health and Safety Committee

## Appendix 1

### **HEALTH CARE STATEMENT**

The care of students is a priority within West Heath School and all staff are conscious that each student's emotional well-being is crucial if they are to be successful in learning situations and other activities.

Day students where appropriate are encouraged to participate in after school activities but this will be dependent on available additional staff support, and transport arrangements.

All students are encouraged to talk to the adults in the School whom they trust and every care is taken to support vulnerable students or those with particular difficulties with living away from home.

Students receive the very best support to enable them to help manage where relevant their ongoing health care needs.

In addition to the staff based here at West Heath School, we offer a range of other peripatetic services led by a team of Therapists, and Speech Therapists, which include: NLP, CBT, Indian Head Massage and, Reflexology.

**Qualified First Aiders** –The school have a number of qualified first aiders and all boarding and waking night staff are fully qualified first aiders.

**Dentist** - Parents and carers of all students are encouraged to ensure students see their own dentist whenever possible as notes of prior care will be held at these practices.

**Immunisations (NHS)** The Immunisation Service provide all inoculations in line with government guidelines. Consent forms are sent to parents/carers for all inoculations.

**Doctor** – We are unable to register pupils with the local surgery (Amhurst). The reason for this is due to the nature of the complex needs of our students, Amhurst will however see boarding students as temporary residents when required, for example during acute infection such as earache. All mental health needs must be referred to that student's CAMHS team or own GP. All Amhurst Surgery appointments to be triaged by the School Nurse (as instructed by Amhurst Surgery).

**CAMHS - Outpatients** – Students need to be registered with their home authority provider. West Heath School will take students to these appointments when required.

**Minor Injuries – Any injuries that cannot be treated at the School Site can be treated at** Sevenoaks Hospital minor injuries unit. Out of hours students are taken to A&E.

**A&E** - If a student needs to visit A&E the nearest is Pembury Hospital, Tunbridge Wells.

**Over the Counter Medication** – We have a list, and hold a supply, of over the counter medications. These products have been recommended by the local chemist (Boots) and are given with the written or verbal consent of parents.

We have access to any medical interventions our pupils may need and use the Good Health Guide for Services in West Kent.

## RESIDENTIAL PROVISION

The school nurse works closely with residential pupils to promote their health and well-being. She provides direct support to young people and guidance to staff. She ensures that health needs are met, and that staff administer medications as prescribed.

## Appendix 2

### **ANAPHYLAXIS**

Anaphylaxis is a severe allergic reaction affecting the entire body and can occur within minutes of exposure to an irritant or allergen.

#### **How do I recognise an anaphylaxis reaction and what action should I take?**

- Early symptoms include
- Itchy, urticarial rash anywhere on the body
- Runny nose and watery eyes
- Nausea and vomiting
- Dizziness
- Danger signs include
- Swelling of the lips, tongue and throat
- Cough, wheeze, tightness of chest or shortness of breath
- Sudden collapse or unconsciousness
- Treatment will depend on the severity of the reaction

#### **For mild symptoms:**

Oral antihistamine or inhaler (Ventolin) may be given.

If a student has an Allergy protocol this should be followed.

For severe symptoms (see Emergency procedure, below) an EpiPen device should be used.

This should be administered into the thigh muscle (can be delivered through clothing) and will allow the adrenaline to quickly reverse the effects of the allergic reaction. The student should then be taken to hospital.

#### **Emergency procedure:**

Individual student's Allergy Action Plan **must** be followed:

- Call an ambulance
- Call the school nurse/ first aider.
- Monitor the child's condition carefully
- Watch for signs of anaphylaxis
- Administer the EpiPen if required.

Monitor the student's progress – a second dose of EpiPen may be required after 10 minutes, if their condition has not improved and help has still not arrived.

When the ambulance crew arrives, ascertain where they will be taking the child and give all relevant information

Contact the child's parents/carer, and advise them to meet at the hospital.

Accompany the child to hospital if the parents have not arrived

## Appendix 3

### **BUMP TO HEAD, HEAD INJURY AND CONCUSSION PROTOCOL**

***NICE guidelines state: A head injury is defined as any trauma to the head other than superficial injuries to the face.***

Any student who receives a head injury must be assessed by the school nurse or a first aider.

#### **Minor Bump to Head – no loss of consciousness**

A minor bump to the head is common in children/students. If a student is asymptomatic i.e. there is not bruising, swelling, abrasion, mark of any kind, dizziness, headache, nausea or vomiting and the student appears well then the incident will be treated as a “bump” rather than a “head injury”.

#### **Treatment in school for a minor bump to the head:**

- Student to be assessed by the School Nurse or School First Aider for signs of Head Injury
- Observe, if pupil begins to display head injury symptoms (see Minor Head Injury)
- Paracetamol to be given if needed for pain relief (Ibuprofen should not be given if a head injury is suspected).
- Ice pack to swelling
- Rest.
- Inform Parent or carer. If an email is sent, a **read-receipt email** should be sent.
- Accident book to be filled in.
- Student should remain on the school site until parents/carers have been spoken to. They are requested to monitor their child for any signs or symptoms that might indicate deterioration in their condition and may need medical attention.
- Taxi driver and escort should also be informed.

#### **Minor head injury – no loss of consciousness**

A minor head injury often just causes bumps or bruises on the exterior of the head.

Other symptoms may include:

- Nausea
- Mild headache
- Tender bruising or mild swelling of the scalp
- Mild dizziness

#### **Treatment in school for a minor head injury:**

- Student to be assessed by the School Nurse or School First Aider for signs of Head Injury
- Observe if pupil begins to display head injury symptoms. If symptoms worsen then dial 999 for an ambulance.
- Ice pack to swelling



- Rest.
- Inform Parent or Carer. If an email is sent, a **read-receipt email** should be sent.
- Accident book to be filled in.
- Student should remain on the school site until parents/carer have been spoken to. They are requested to monitor their child for any signs or symptoms that might indicate deterioration in their condition and may need medical attention.
- Taxi driver and escort should also be informed.

### **Concussion**

Concussion is the sudden, but short lived loss of mental function that occurs after a blow or other injury to the head. It is the most common, but least serious type of brain injury. The medical term for concussion is minor traumatic brain injury.

The cumulative effects of having more than one concussion can be permanently damaging. Concussion must be taken extremely seriously to safeguard the long-term welfare of the person.

Symptoms include:

- Headache
- Dizziness
- Feeling in a fog
- May or may not have lost consciousness
- Vacant expression
- Unsteady on legs
- Slow reactions
- Inappropriate or abnormal emotions – irritability/nervous/anxious
- Confused/disorientated
- Loss of memory of events leading up to and after the concussion

Treatment:

- If a head injury occurs during sport, the player should be **removed** from the game and **must not** resume play. If you suspect a neck injury, call **999**. **Do not move the student and do not allow the student to move themselves.**
- Rest
- Ice pack
- Simple painkillers such as paracetamol. (Ibuprofen should not be given if a head injury is suspected)
- Observation
- Head injury sheet should be given and parent informed.
- Inform parents. If an email is sent, a **read-receipt email** should be sent.

### **Major Head Injury – loss of consciousness**

Symptoms include:

- Unconsciousness briefly or longer
- Difficulty in staying awake
- Seizure
- Slurred speech
- Visual problems
- Difficulty in understanding what people are saying
- Balance problems
- Loss of power in arms/legs/feet
- Pins and needles
- Amnesia

- Leakage of clear fluid from nose or ears
- Bruising around eyes/nose/behind ears

**Treatment:**

- If you suspect a neck injury – **do not move student or allow them to move.**
- Dial **999** for ambulance – any member of staff present.
- Student to be assessed by the School Nurse or School First Aider
- Observe if pupil shows signs of worsening.
- Accident book to be filled in.
- Inform Parent or Carer. If an email is sent, a **read-receipt email** should be sent.
- Dependant on any of the above a decision will be made on whether the student needs further medical assistance.
- The parent /carer should be informed and made aware before the student leaves the school.
- The student should not be allowed to leave the school unless the parent/carers have been informed
- The taxi driver/escort should also be made aware of the injury

**Advice to Parents and Carers concerning Student's with Head Injuries**

This student has sustained a head injury and following thorough examination, we are satisfied that the injury does not appear to be serious. It is expected that the recovery will be rapid and complete.

- DO** expect the child to feel generally more miserable and “off colour”. Do not force them to eat, but make sure they have enough to drink.
- DO** expect the student to have a slight headache
- DO** keep the child quiet and resting as much as possible. Keep them away from school, discourage active games, watching TV and reading until the symptoms subside.

These symptoms should improve steadily and the child should be back to normal within a few days.

Even after a minor injury, complications may occur, but they are rare.

If the symptoms worsen, or if you notice the following signs:

- Difficulty in waking from sleep
- Appears confused or not understanding what is said to them
- Vomiting
- Complaining of severe headache, or trouble with eyesight
- Become irritable
- Has any kind of attack which you think is a seizure

**CONTACT YOUR DOCTOR OR CONTACT THE ACCIDENT AND EMERGENCY DEPARTMENT WITHOUT DELAY.**

## Appendix 4

### **VOMITING AND DIARRHOEA**

Assess by School Nurse/First Aider

- If after one episode, symptoms resolve, the student can go back to class.
- If symptoms persist, the student should be sent home.
- The student should remain at home for 48 hours following the end of sickness.

## Appendix 5

### **ASTHMA**

Asthma is caused by the narrowing of the airways, the bronchi, in the lungs, making it difficult to breathe. An asthmatic attack is the sudden narrowing of bronchi. Symptoms include attacks of breathlessness, coughing and tightness in the chest.

Individuals with asthma have airways which may be continually inflamed. They are often sensitive to a number of common irritants, including grass pollen, tobacco fumes, smoke, glue deodorant, paint and fumes for science experiments. Animals, such as guinea pigs, hamsters, rabbits or birds can also trigger attacks.

Students are asked to have their inhalers with them at all times and especially when they are doing PE, attending the Vocational Centre, in Science or Technology, and when they are on trips out of school. A spare inhaler clearly labelled with the student's name, dosage/frequency of expected need, date of dispensing, cautionary advice and expiry date, should be made available by parents to be kept in the First Aid room in case of additional need.

Parents are responsible for ensuring that the inhaler medication is renewed well before the expiry date.

### **What to do in the event of an asthma attack**

1. Keep calm – it is treatable
2. Let the child sit down; do not make him lie down.  
Let the child take his usual treatment – normally a blue inhaler (if the student has forgotten to bring their inhaler, there is a spare one available in the Medical Room).
3. Call the School Nurse/First Aider
4. Wait 5 to 10 minutes
5. If the symptoms disappear, the child can go back to what they were doing
6. If the symptoms have improved but not completely disappeared, summon a parent or guardian and give another dose of the inhaler while waiting for them to arrive.
7. If the normal medication has no effect, follow the guidelines for “severe asthma attack”.

**SEVERE ASTHMA ATTACK** - A severe asthma attack is when normal medication does not work at all or the child is breathless enough to have difficulty in talking normally.

1. Call an Ambulance.
2. The Appointed Person or a member of the office or teaching staff will inform a parent/carer.
3. Keep trying with the usual reliever inhaler, and do not worry about possible over dosing.

### **IF IN DOUBT TREAT AS A SEVERE ATTACK**