

**QUEEN'S COLLEGE, LONDON**  
(Including Early Years Foundation Stage)



**First Aid**

*POLICY DOCUMENT*

## **First Aid Policy** *Staff Handbook Ref: Health and Safety 1*

### **Introduction**

The health and safety of the girls in the care of Queen's is one of our prime concerns. There are, accordingly, clear procedures laid down by the College to organise the provision of First Aid for the girls and staff both on and off the school premises.

It is assumed that all girls attending school are healthy and fit to cope with the school day without leaving lessons for medical attention. The College Nurse is there for accidents, emergencies and illnesses that occur during the course of the school day. The College Nurse is deputised by the Assistant College Secretary.

If a girl is too unwell to remain in school then the nurse will contact her parents so that she may be taken home, or to inform parents if the girl needs to be taken to hospital. Any girl who has had an accident requiring urgent medical treatment will be taken by ambulance; call 999 (remember to include an extra 9 when dialling from a College phone).

Further information can be obtained from 'Guidance on First Aid for Schools' issued by the DFE which itself offers a list of useful publications and contacts.

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### **College provision**

In accordance with legislation and good practice the College will ensure that:

- adequate training and guidance is available for first aiders
- a risk assessment is carried out to ascertain the needs of the school and the level of provision required.
- the necessary equipment, and facilities are available as well as the appropriate number of first aiders.
- all staff are made aware of first aid arrangements and that INSET time is provided for training of new First Aiders and updating those with qualifications every three years. The school invites staff to volunteer to become first aiders. (last first aid training was )
- a written record is kept of all significant accidents (for both staff and pupils) both on and off the premises in the 'Accident Records Book' The College Nurse must be informed of major injuries without delay. Parents will be informed by the college nurse if their daughter is involved in an accident as soon as possible. Five Year Storage is provided in the Nurse's Room for Registers, Accident Reports, Medical Certificates, Parents' Absence Letters, Medical Attendance Sheets, and

Medical Cards.

- a record is kept of any first aid treatment administered.
- medical forms are completed for each girl by the parents on admission to Queen's. This form describes any relevant medical or pastoral history, any relevant treatment and newly diagnosed conditions. These medical forms are in a locked filing cabinet.

### **College practice**

All teachers and other staff are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of girls in the College.

The College nurse is located in her room (in 49 Harley Street). It is a part of her responsibility to administer first aid and to organise a girl's transfer to hospital in the case of an emergency. Her room is open from 8.00 am – 4.00 pm, but the girls are not permitted to visit the nurse during lesson times, unless it is an emergency. During the school day, surgery hours are during break and lunchtime.

A first aider must complete an approved course and hold a valid certificate of competence. The certificate is valid for 3 years and the school will organise refresher training before its expiry. First aiders are qualified to give immediate help to casualties with common injuries and illnesses and those arising from specific hazards in school.

All first aiders are fully indemnified by the College against claims for negligence provided that they are suitably trained and are acting within the scope of their employment and within the school's guidelines for the administration of first aid. A list of qualified first aiders/appointed people is available from the College Nurse and can be found in the following locations:

- the Nurse's room
- the staff room
- front office
- the Science department
- the PE department

### **First Aid materials**

First aid containers marked with a white cross on a green background are sited in the following areas of the school:

- Front Office
- Nurse's room
- the preparation rooms of the laboratories
- Art department
- Kitchen

- Gymnasium

The College nurse is responsible for stocking and checking the boxes on a regular basis and additional supplies are available from her. It is good practice to have a box available at sporting/outdoor events and those taking trips should obtain a first aid kit from the school nurse prior to departure.

### **Guidance on dealing with spillage of body fluids**

Spillages of blood, vomit, urine and excreta should be cleaned up promptly. The following general actions must be taken by the person dealing with the spill:

- Clear the immediate area of people. Hazard signs and cordoning may be necessary, according to the circumstances.
- Disposable personal protective equipment (PPE), including gloves (latex or nitrile) or equivalent and a disposable plastic apron must be worn.
- Any spilt blood or other body fluids should be cleaned up, either with disposable absorbent paper towels. Dispose absorbent towels and latex gloves inside the clinical waste bin in the downstairs disabled toilet.
- Ensure the area is cleansed with a suitable antiseptic solution.

### **Medical Emergencies**

#### **Asthma: Signs & Symptoms**

Laboured breathing

Audible wheeze

Tight cough

Use of accessory muscle round neck and ribs

Inability to speak in sentences

If a pupil is having an asthma attack the person in charge should prompt them to use their reliever inhaler if they are not already doing so. It is also good practice to reassure and comfort them whilst, at the same time, encouraging them to breathe slowly and deeply. The person in charge should not put his/her arm around the pupil, as this may restrict breathing. The pupil should sit rather than lie down.

- Assist with prompt administration of medication - give 4 puffs of blue reliever encouraging them to hold their breath for up to the count of 10 on the inhalation breath of each puff.
- If no improvement after 4 minutes give another 4 puffs.
- If still not improvement or if the pupil appears very distressed, is unable to talk and is becoming exhausted, then an ambulance must be called. Dial 999

from land line (add an extra 9 if ringing from a College phone) and 112 from a mobile phone.

Continue administering 4 puffs of ventolin every 5 minutes until the ambulance arrives.

### **Diabetic Low Blood Sugar (Hypoglycaemia)**

(Usually sudden onset)

#### **Symptoms**

- Hunger
- Shakiness
- Nervousness
- Sweating
- Dizziness or light-headedness
- Sleepiness
- Confusion
- Difficulty speaking / slurred speech
- Anxiety or agitation
- Weakness

#### **Action**

- Provide the student with a sugary drink – coke, ribena, juice or glucose tablets to bring blood glucose levels up.
- Ensure that the student has a snack or meal (eg sandwich or other complex carbohydrates) within 1hr of the initial symptoms to stabilize their blood sugars and prevent further hypoglycaemic attacks from happening.
- If these attacks occur regularly speak to parents re blood glucose control.

### **Diabetic High Blood Sugar (Hyperglycaemia)**

(usually slow in onset over few days)

#### **Signs and Symptoms**

- More hunger or thirst than usual
- Excessive urination
- Tiredness and lethargy
- Frequent infections
- Blurred vision

### **Diabetic Ketoacidosis**

If untreated, high blood glucose may result in ketoacidosis. This is a serious condition resulting from a lack of insulin. This causes the body to become progressively acidotic which can be fatal if not treated quickly.

#### **Symptoms**

- Vomiting,
- Hot dry skin
- Drowsiness,
- Smell of acetone (like pear drops) on the breath,
- Collapse or coma.

### **Action**

- If the student has a blood glucose machine – assist her to test her blood glucose levels.
- Assist her to administer her insulin.
- Dial (9)999 for an ambulance & contact parents,
- **Do not leave this student unsupervised.**

If unsure if person is suffering high or low blood sugar, give them sugar. If they have high blood sugar it will not harm them further, but if they have low blood sugar it will be vital!

### **Epileptic Seizures**

Epileptic seizures are caused by an electrical disturbance of the brain. Seizures can last from 1 to 3 minutes.

### **Symptoms of a major fit (Grand mal)**

- A 'cry' as air is forced through the vocal chords
- Casualty falls to ground and lies rigid for some seconds
- Congested, blue face and neck
- Jerking, spasmodic muscle movement
- Froth from mouth
- Possible loss of bladder and bowel movement

### **Management:**

#### **During Seizure**

- Do NOT try to restrain the person
- Do NOT push anything in the mouth
- Protect person from obvious injury – move furniture etc
- Place something under head and shoulders

#### **After Seizure**

- Place in recovery position
- Manage all injuries
- DO NOT disturb if casualty falls asleep but continue to check airway, breathing and circulation.

**Phone an ambulance if seizure continues for more than 5 minutes (unless their individual careplan suggests otherwise.)**

**Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment.**

When such severe allergies are diagnosed, the children concerned are made aware from a very early age of what they can and cannot eat and drink and, in the majority of cases, they go through the whole of their school lives without incident. The most common cause is food – in particular nuts, sea foods and dairy products. Wasp and bee stings can also cause allergic reaction. In its most severe form the condition can be life-threatening, but it can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline injection, depending on the severity of the reaction.

**Early Signs and Symptoms**

- Swelling and redness of the skin
- Itchy raised rash
- flushed complexion
- a metallic taste or itching in the mouth

**Initial Management**

- Give dose of **PIRITON** immediately
- Observe closely for 30mins
- If recovering return to class with strict instructions to return if symptoms re-occur.

**Cause for Concern**

- Wheezing and or coughing
- Difficulty talking and/or hoarse voice
- Nausea and vomiting
- Stomach cramps & diarrhoea

**Management**

- Administer a dose of **PIRITON** as above if not already given,
- Help casualty sit in position that most relieves breathing difficulty
- If the child has an inhaler administer as per asthma attack (see above)
- Do not leave this child unsupervised- there is a risk of them going into anaphylactic shock.
- Dial (9) 999 for an ambulance & inform parents.

**Medical Emergency**

- Swelling of the throat, tongue & lips
- Difficulty swallowing
- Rapid irregular pulse
- Difficulty breathing
- Collapse or unconsciousness

**Management**

- Call (9)999 for an ambulance
- Observe and record pulse and breathing

- Administer EpiPen as below,
- Help casualty sit in position that most relieves breathing difficulty,
- **Do not leave this child unsupervised - this is a life threatening condition!**

Symptoms and signs will normally appear within seconds or minutes after exposure to the allergen.

### **Administering an EpiPen**

EpiPen is an auto-injector that administers epinephrine – and epinephrine (adrenaline) is the definitive emergency treatment for severe allergic reactions.

Sit the student in a comfortable position. Stay calm to reassure them.

Remove the EpiPen from the yellow or green plastic container by unscrewing the lid and sliding the EpiPen out.

Hold the EpiPen in your fist so that the black tip is nearest your little finger. It is very important that you remember that the black tip contains the needle – you do not want to inject yourself instead!

Pull off the grey cap (do not twist).

Holding the student securely, place the black tip against their outer mid-thigh. (An EpiPen can be given through light clothing). The mid outer thigh is the 'fleshiest' part of the thigh, where the muscle is.

(Note; there is no need to 'swing and jab') A sudden jab may cause the child to jump and the needle to be discharged before the adrenaline is injected.

Push down firmly until a loud click is heard or felt and hold in place for 10 seconds.

Remove the EpiPen and gently massage the area to help the drug disperse.

**Always** call an ambulance if an EpiPen has been used. The effects of the adrenaline can wear off causing the anaphylaxis to return.

If there is no response to the initial dose of adrenaline, the EpiPen dose can be repeated (if available) after 5 minutes.

### **When calling an ambulance (advice from St John Ambulance)**

When managing a casualty, you may need to call for an ambulance. Follow the steps below:

There are several numbers you can call in order to reach an ambulance.

**From all landlines phone dial (9)999.**

**From a mobile phone dial 112 (this is also the universal European number for emergency services).**

- They will ask you what service you require. Say ambulance.
- They will ask where you are located. Be precise as possible.
- They will ask you how many casualties. If one, say one.
- They will ask what is wrong with casualty. Tell them what you are sure of (to avoid giving miss- information)
- They will ask if other services required

**After you hang up you must wait with the casualty until the ambulance arrives. The nurse or other member of staff should travel with a sick or injured pupil and remain with her until her parent or guardian arrives.**

**RIDDOR (reporting of Injuries, Diseases and Dangerous Occurrences Regulations tel: 0845 300 99 23)**

The school has a legal duty under RIDDOR to report and record major work-related accidents. This includes dangerous occurrences where something happens that does not result in an injury but could have done. RIDDOR applies to all work activities but not all incidents are reportable. The Principal will take advice when unsure as to whether the accident is reportable. The Incident Contact Centre (ICC) on 0845 300 99 23.

**This policy is reviewed each year by the Council of Queen's College at its AGM.**