

**QUEEN'S COLLEGE PREPARATORY SCHOOL**  
**(including Early Years Foundation Stage)**



**First Aid**

***POLICY DOCUMENT***

## **FIRST AID – PROCEDURES**

This policy should be read in conjunction with the Administration of Medicine Policy.

### **INTRODUCTION**

This document sets out the policy to be followed for the provision of First Aid within Queen's College Preparatory School during term time in accordance with the Health and Safety (First Aid) Regulations 1981 (L74 - 3rd Edition 2013). It also gives general guidance for the provision of first aid to staff on site and for pupils and staff on tours and visits away from the School. The School is mindful of DfE Guidance on First Aid for Schools.

### **ROLE OF FIRST AIDERS**

The role of the first aider is to administer timely and competent First Aid after an accident or injury including preserving life, minimising further damage and making the patient as comfortable as possible until professional medical or nursing help is available. All first aiders are fully indemnified by the School 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.

### **NUMBER AND LOCATION OF FIRST AIDERS**

With the exception of EYFS, the number of first aiders is not fixed under existing regulations but determined using recommended risk assessment methodology. In accordance with the findings of the RA, the number of first aiders required, and the level of training they require, has been established. Due to the nature of the School it is not possible to provide a prescriptive location of all first aiders at any one time. However, at least one person with a current certificate in Paediatric First Aid is on the premises at all times when EYFS children are present and accompanies them on outings. One qualified First Aider will be typically present in each building when there is a School activity taking place and at least one qualified First Aider is available during sports activities offsite or on school trips and outings.

### **FIRST AID TRAINING**

**As a minimum the School will provide the following:**

#### **Training to First Aid at Work (FAW) Standard**

• PA to the Headmistress (School Health Officer) • School Office Secretary  
Length of Course: Three Days Certificate Validity: 3 Years Re-Training Requirement: First Aid Annual Skills Update (1/2 Day)

#### **Training to Emergency First Aid at Work (EFAW) Standard**

• At least 2 Teachers • At least 1 Games Teacher at each session outside of school  
Length of Course: One Day Certificate Validity: 3 Years Re-Training Requirement: First Aid Annual Skills Update (1/2 Day)

### **Training to Paediatric First Aid (PFA) Standard**

- All EYFS Teachers and Teaching Assistants
- At least 1 Games Teacher at each EYFS session outside of school

Length of Course: 2 Days Certificate Validity: 3 Years Re-Training Requirement: First Aid Annual Skills Update (1/2 Day)

### **Re-Training and Training Records**

The Head of Professional Learning and Headmistress maintains a record of all individual training and organises re-training as required.

### **ACTION IN THE EVENT OF INJURIES AND ACCIDENTS**

First aid trained members of staff have valuable skills and all injuries should, wherever possible, be assessed by them. Any pupil casualty judged capable of moving by a first aider should be accompanied to the School Office and transferred to the charge of School Office staff, who will accompany the pupil to the Medical Room. The PA to the Headmistress attends to accidents, emergencies and illnesses that occur during the course of the school day. If a child is unable to go to the Office, a designated first aider should be informed who will come to them and decide upon the next course of action. In the case of a more serious injury to a pupil, the School Nurse based at QCL may be called to assist with the treatment of the casualty. The School Nurse can be contacted on 020 7291 7075.

### **999 EMERGENCIES - WHEN TO CALL AN AMBULANCE**

When injuries to any casualty are life threatening e.g. cardiac arrest, spinal injuries, severe haemorrhage or when injuries are such that they cannot be treated on site, an ambulance is to be called. The School Office staff must be informed to coordinate with the ambulance crew on arrival and direct them to the casualty. A member of staff should always accompany a child taken to hospital in an ambulance and remain with them until a parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available. The member of staff should take the signed parental consent form for emergency treatment with them to the hospital. Staff should never take children to hospital in their own car. It is safer to call an ambulance.

#### ***Note:***

- Casualties with suspected serious fractures or back or neck injuries must not be moved unless ambulance personnel are present. For the patient's safety and insurance reasons, they must NOT be moved on the instructions of ANY bystander.
- If the casualty is unconscious, their airway is at risk, and they should be placed in the recovery position regardless of suspected spinal injury.

## **REPORTING ACCIDENTS**

In the event of an accident to a pupil, the member of staff originally charged with the supervision of the pupil at the time of the accident should fill out an electronic accident report form on SchoolBase. Minor accidents to members of staff may be recorded by the member of staff suffering the injury.

The electronic Accident book is available through SchoolBase, and the Headmistress receives electronic notification whenever an accident is reported. It is essential that the forms are completed as soon as possible after an accident, to enable the School to conform to its statutory obligations under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995 which must be done within certain timescales. The Bursar will undertake the reporting obligation to the Health and Safety Executive. The Incident Contact Centre (ICC) can be contacted on 0845 300 99 23. OFSTED must also be notified of any serious accident, illness or injury to, or death of any child whilst in our care, and of the action taken as soon as is reasonably practicable and always within 14 days of the incident occurring. ISI and local child protection agencies must also be notified within this time. Advice from these agencies must be acted upon. Completed forms are also compiled and scrutinised by the Health & Safety Committee periodically.

An injury to a pupil must also be reported to the pupils' Form Teacher by the person who completes the Accident Report. The Form Teacher should consider the need to inform either the pupil's parents and / or the Assistant Head (Pastoral) as required. Head injuries should always be reported to the pupils' parents and the Assistant Head (Pastoral).

## **FIRST AID KITS**

First Aid kits are available on every floor of both buildings, in the following locations:

- Dining Room
- Medical Room
- School Office
- Library
- Gym
- Music Room
- Staff Room

Ice-packs are stored in the Medical Room and the School Office.

There is no mandatory list of items to be included in a first aid kit, as this is dependent on the activities being undertaken and the number of pupils or staff at risk. However, as a minimum, the following should be included:

- A leaflet giving general guidance on first aid

- Individually wrapped sterile plasters (assorted sizes)
- Sterile eye pads
- Individually wrapped triangular bandages
- Safety pins
- Large sterile individually wrapped un-medicated wound dressings
- Medium sized sterile individually wrapped un-medicated wound dressings
- Disposable gloves

The School Office is responsible for ensuring the kits are well stocked at the beginning of each term. Staff are expected to replenish items used from the First Aid kits over the course of the term, using the supplies available in the Medical Room. Staff should advise the School Office should they notice that any of the items need to be replenished.

### **OUT-OF SCHOOL EDUCATIONAL VISITS**

First Aid Kits, suitable and sufficient for the number of pupils and the type of activity planned, are to be taken on every school outing/visit to the park, or PE venue.

### **BODY FLUID SPILLAGES**

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 with disposable absorbent paper towels. Absorbent towels and latex gloves should be disposed of using the clinical waste bin located in the Medical Room.
- Ensure the area is cleansed with a suitable antiseptic solution.

## APPENDIX 1. INJURIES REQUIRING HOSPITAL TREATMENT

### Loss of Consciousness

In cases of loss of consciousness – even lasting for a few seconds – the ambulance service must be contacted immediately.

- In the event of an accident occurring where it is considered necessary for the child to be checked at hospital the parents will be contacted and asked to collect and take their child. If it is not possible to contact the parents a member of staff should take the child to hospital. In the meantime, the school will continue to try to contact the parents.
- In the event of a serious injury or where there is doubt as to the nature or seriousness of an injury an ambulance will be called and parents contacted immediately.
- In the event of a serious injury the teacher in charge of the activity must complete an Accident Report form as soon as reasonably possible following the incident.
- The Headmistress must be informed about any serious injuries.

## APPENDIX 2. ACTION TO BE TAKEN IN THE EVENT OF SPECIFIC INJURIES

### Head Injury

All staff and particularly those in charge of PE and Games are to ensure that if, following a blow to the head, a child should lose consciousness (for however short a period of time), appears dazed or confused, or suffers any disturbance of vision:

- a) The ambulance services must be contacted
- b) An appointed first aider must remain with the child until the ambulance arrives
- c) Parents must be contacted

**When a child receives a bump to the head, however trivial, the school will always inform the parents as soon as possible in order to give them the choice of picking up their child and observing them for the rest of the day.**

### Spinal Injuries

If a fracture of the neck or back is suspected or if the injury causes pain or pins and needles in the arms or legs, the child **must not be moved** until seen by an ambulance attendant or doctor. However, if the child is in danger of becoming unconscious, resuscitating or protecting the airway **must** take priority.

### Eye Injuries

Any child who has been hit in the eye and experienced pain or mistiness of vision, even if only temporarily, is to be referred to a doctor on the same day. Delay in instituting treatment for what might seem to be a trivial injury can seriously delay recovery.

## APPENDIX 3. PROCEDURES FOR ILLNESS

- Girls who report that they feel unwell should be accompanied to the School Office for assessment, at the discretion of the member of staff.
- Girls who are unwell or require medical treatment will be taken to the Medical Room where a member of the Office Staff (both qualified emergency first aiders with training in the care of children under 5) will remain with them.
- If the child is obviously ill, does not get better, or it seems likely that they have something infectious, parents are contacted and asked to have their child collected. Parents are contacted by telephone and email.
- The Office Staff will inform the Form Teacher if the decision has been made to send an unwell girl home.

## APPENDIX 4. ARRANGEMENTS FOR PUPILS WITH PARTICULAR MEDICAL CONDITIONS & SPECIFIC MEDICAL EMERGENCIES

The school understands that certain medical conditions are debilitating and potentially life threatening, particularly if poorly managed or misunderstood. As such, the School understands the importance of medication and care being taken as directed by healthcare professionals and parents. Pupils with particular medical conditions (such as allergies, Asthma, Epilepsy and Diabetes) each have an Individual Healthcare Plan (IHP) which outlines the individual arrangements for their care in school.

### a. Asthma

Signs & Symptoms of Asthma are as follows:

- 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:

- i. 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.
- ii. 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.
- iii. if no improvement after 4 minutes, give another 4 puffs.
- iv. If there is still no 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 School phone) and 112 from a mobile phone.
- v. Continue administering 4 puffs of ventolin every 5 minutes until the ambulance arrives.

### b. Diabetes

- i. **Low Blood Sugar** (Hypoglycaemia - usually sudden onset)

Symptoms of hypoglycaemia are as follows:

- Hunger
- Shakiness
- Nervousness

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

If a pupil is suffering from hypoglycaemia:

- 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 (e.g. sandwich or other complex carbohydrates) within an hour of the initial symptoms to stabilize their blood sugars

**ii. 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

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 of ketoacidosis

- 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.

### **c. Epilepsy**

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

How to respond to an epileptic seizure:

#### **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 the seizure continues for more than 5 minutes** (unless their individual healthcare plan suggests otherwise.)

### **d. Anaphylaxis**

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.

#### **i. Early Signs and Symptoms of anaphylactic reaction**

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

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

### **For pupils with no known allergies**

- Call (9)999 for an ambulance.
- Observe and record pulse and breathing.
- Help casualty sit in position that most relieves breathing difficulty
- **Do not leave this child unsupervised – this is a life threatening condition!**

### **For pupils with an IHP for known allergies only**

#### **Initial Management**

- Give dose of PIRITON immediately if provided
- Observe closely for 30mins
- If recovering return, the pupil should be safe to return to class with strict instructions to return if symptoms re-occur

#### **ii. 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 if provided
- 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

#### **iii. 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!**

## Administering an EpiPen

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

- i. Sit the student in a comfortable position. Stay calm to reassure them.
- ii. Remove the EpiPen from the yellow or green plastic container by unscrewing the lid and sliding the EpiPen out.
- iii. 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!
- iv. Pull off the grey cap (do not twist).
- v. 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.
- vi. Push down firmly until a loud click is heard or felt and hold in place for 10 seconds.
- vii. 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.

## APPENDIX 6. QUALIFIED FIRST AIDERS

### ADVANCED TRAINING

STAFF	QUALIFICATION
<b>PRE-PREP DEPARTMENT</b>	
Chetna Lad-Odedra	Paediatric First Aid
Susan Moore	Paediatric First Aid
<b>PREP DEPARTMENT</b>	
Nelly Campbell	Paediatric First Aid
Nicola Such	Paediatric First Aid
Rani Winthrop (Designated First Aider)	First Aid at Work (FAW) Paediatric First Aid
Juliette Phillips	Paediatric First Aid

### 1<sup>ST</sup> LEVEL FIRST AID

STAFF	QUALIFICATION
<b>PRE-PREP DEPARTMENT</b>	
Chetna Lad-Odedra	Paediatric First Aid EduCare Online First Aid Training
Susan Moore	Paediatric First Aid Basic First Aid inset EduCare Online First Aid Training
Anita Burden	Basic First Aid inset EduCare Online First Aid Training Paediatric First Aid Training (to be booked)
Rebecca Chambers	EduCare Online First Aid Training
Aisling Willis	Paediatric First Aid EduCare Online First Aid Training
Charlotte Sillitoe	Basic First Aid inset EduCare Online First Aid Training
Aisling Cunningham	EduCare Online First Aid Training
Kinga Kukulak	EduCare Online First Aid Training
<b>PREP DEPARTMENT</b>	
Ruth Woodward	EduCare Online First Aid Training
Fiza Kiyani	EduCare Online First Aid Training
Ana Cannavacciuolo	EduCare Online First Aid Training
Marina Cabrejas	EduCare Online First Aid Training
Lisa Burns	Basic First Aid inset EduCare Online First Aid Training

May de Guise	EduCare Online First Aid Training
Helene Wilkinson	Basic First Aid inset EduCare Online First Aid Training
Maddie Withinshaw	EduCare Online First Aid Training
Lauren Bain	EduCare Online First Aid Training
Ashleigh Young	EduCare Online First Aid Training
Lisen Carlmark	EduCare Online First Aid Training
Bibiane Gomes	EduCare Online First Aid Training
Ailsa Buddle	Basic First Aid inset EduCare Online First Aid Training
Dulcie Wright	Basic First Aid inset EduCare Online First Aid Training
Philip Avierinos	Basic First Aid inset EduCare Online First Aid Training
Katherine Colquhoun	EduCare Online First Aid Training EFAW (to be booked)
Nelly Campbell	Basic First Aid inset Paediatric First Aid EduCare Online First Aid Training
Nicola Such	Paediatric First Aid EduCare Online First Aid Training EFAW (to be booked)
Hattie Taylor	EduCare Online First Aid Training Paediatric First Aid Training (to be booked) EFAW (to be booked)
Fran Buchanan	EduCare Online First Aid Training EFAW (to be booked)
Rosy Thompson	EduCare Online First Aid Training
Cliodhna Moore	EduCare Online First Aid Training
Clare Palmer	EduCare Online First Aid Training
Marthinus Barnard	First Aid EduCare Online First Aid Training
Louise McCabe-Arnold	EduCare Online First Aid Training
Emma Webb	EduCare Online First Aid Training
Rani Winthrop Appointed Person for First Aid in the Workplace	Training to First Aid at Work (FAW) Paediatric First Aid Epilepsy Training EduCare Online First Aid Training
Juliette Lavender	Training to First Aid at Work (FAW) Basic First Aid inset Paediatric First Aid EduCare Online First Aid Training
All Visiting Music Teachers	EduCare Online First Aid Training



## CONTACTING EMERGENCY SERVICES

**Dial (9)999** ask for an ambulance and be ready with the following information:

1. **Telephone number:** 020 7291 0660
2. **Address:** Queen's College Preparatory School, 61 Portland Place, London, W1B 1QP
3. **Exact location on the School site**
4. **Your name**
5. **Name and age of child and brief description of child's symptoms. If the child has a known medical condition, please give this information.**
6. **Inform ambulance control that they will be met at the door. Inform School Office Staff and ask them to meet ambulance.**

**Speak clearly and slowly and be ready to repeat information if asked.**