INSPIRATIONAL
Box Hill School

FIRST AID: POLICY GUIDANCE

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1 Scope

This guidance is applicable to all those involved in the provision of first aid related to school activities.

2 Objectives

2.1 To preserve life, prevent worsening, promote recovery.

2.2 To ensure that there is always an adequate provision of appropriate first aid.

2.3 To ensure that where individuals have been injured there are suitable mechanisms in place to provide remedial treatment.

3 Guidance

3.1 The Chief Operating Officer (COO) will be responsible for the implementation of this policy, delegated to the Lead Nurse.

3.2 The Safety Officer/ Lead Nurse will undertake a risk assessment to determine the first aid needs. This will include consideration of the following:

- Size of the school and site-specific needs
- Location of the school
- Specific hazards or risks on the site
- Staff or pupils with special health needs or disabilities
- Previous record of accidents / incidents at the school
- Provision for lunchtimes and breaks
- Provision for leave / absence of first aiders
- Off-site activities, including trips
- Practical departments, such as science, technology, PE
- Out of hours activities
- Contractors on site and agreed arrangements

  NB: Two fully automated defibrillators are kept onsite and located outside the catering office and in the sports hall.

3.3 ***Pupil Illness***

- All pupil illness must be reported to the Medical Centre during the school day.
- If a day pupil becomes unwell the parents will be contacted by the Medical Centre so that the child can be collected and taken home. (See separate care pathway).
- If a boarder becomes unwell during the school day they will be cared for in the Medical Centre until they are either fit to return to school or discharged to house at the end of the day, under the supervision of their house parent. (See separate care pathway).

- There is access to the school Medical Centre, which is managed by the School Nursing Team, from 08:00-17:00hr Monday – Friday, term time only, where they will administer first aid and deal with accidents and emergencies or when someone is taken ill.
- The School Doctor holds surgeries twice a week. Dr Sekhon (male GP) on Monday lunchtime and Dr Tomei (female GP) on Friday lunchtime. Appointments at Medwyn Surgery is triaged accordingly.
- The School Nurse will notify parents if a pupil suffers anything more than a minor injury or becomes unwell during the school day.

3.4 ***Specific First Aid Provision***

- **First Aiders**
    - Enough trained first aiders to cover day to day and other school activities will be provided.
    - First aiders will give immediate help to those with common injuries or illnesses and those arising from specific hazards, and where necessary ensure that an ambulance or other professional medical help is called.
    - First Aiders from Houses or departments are responsible for taking the boxes to the Medical Centre for re-stocking. First aid bags for trips and activities are kept in the Medical Centre.
    - First aid and appointed person training will be refreshed every three years.
- **First Aid Bags**
    - First aid bags will be provided in areas of the school where accidents are considered most likely. A list of their locations is held in the Medical Centre.
    - A first aid bag will also be taken when pupils leave the school on organised trips or participate in sports events. These are kept in the Medical Centre.
    - First aid bags will be checked termly by the Medical Centre staff and replenished as necessary.
    - The contents of a first aid bag will be in accordance with the guidance given in HSE document "Basic advice on first aid at work" INDG 347. https://www.hse.gov.uk/simple-health-safety/firstaid/what-to-put-in-your-first-aid-kit.htm
- **First Aid Notices**
    - A lists of members of staff who are qualified first aiders are kept in the Medical Centre on the nursing one drive.
- **Access to First Aid**
    - All pupils and staff will be given information on the provision of first aid at their induction.

- **Reporting Accidents and Record Keeping**

    - Details of all incidents, regardless if treatment/medication has or has not been administered, should be recorded on Smartlog. During Medical Centre opening hours these MUST be completed in the Medical Centre. ALL accidents out of hours and off site during away fixtures and activities MUST be reported to the Medical Centre as soon as practically possible.
    - The Accident Form contains details of
        - The date, time and place of the incident or accident

        - The name of the injured or ill person
        - Details of the injury or illness and the first aid given
        - Accidents that require reporting to the HSE under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Tel: 0845 300 9923 or https://www.hse.gov.uk/riddor/
    - These records must be kept for a maximum of three years.
    - In the case of any serious or significant incident involving a pupil, the parents will be contacted by telephone and the COO informed.

3.5 ***Hygiene and infection control***

- Body fluids include blood, urine, vomit and faecal matter. All must be regarded as potentially infectious and dealt with in a safe and effective manner.
- All staff are required to take precautions to avoid infection and must follow basic hygiene procedures. First Aiders have access to single use disposable gloves and hand washing facilities or hand wipes (in first aid bags).
- **Spillage Procedure:**
    - In the event of blood loss or vomiting the School Nurse must be informed immediately to provide the appropriate treatment to the affected person.
    - The area of the incident should be made safe and where appropriate may be covered with disposable towels.
    - The house keeping staff should be notified (mobile 07841 151457).
    - Disposable personal protective equipment such as gloves and aprons, etc. are available in the Medical Centre and boarding houses.
    - The spillage should be cleared at the earliest opportunity and any paper towels or similar should be sealed in a plastic rubbish bag.
    - Following cleaning with disinfectants the area may be washed in the normal manner and left to dry, using warning signs where necessary.
    - Cleaning equipment must be washed after use and stored dry.
- **Clinical Waste:**
    - Clinical waste is placed in a designated waste container that meets regulations and the bags are disposed of via a regular collection by the company that provides them. Sharps and contaminated sharps are disposed of in a designated bin. Both containers are in the Medical Centre.

3.6 ***Arrangements for pupils with medical conditions (for example asthma, epilepsy, diabetes.)***

These pupils are identified with red flags in ISAMS and have individual Medical Welfare plans. These individual plans will detail specific care and treatment necessary in case of emergency for these pupils. The individual welfare plans are uploaded onto the pupils own medical files on Isams, which is accessible to all staff.

3.7 ***Calling an Ambulance***

The School Nurse will normally be responsible for summoning an ambulance and a Nurse/Matron will escort the pupil to hospital during Medical Centre opening hours in the absence of a parent. Outside of these hours and at weekends House staff will call for an ambulance. A member of staff will always stay with a pupil in hospital until their parents

have been contacted. Any staff will call an ambulance immediately if the situation obviously warrants immediate response (eg. road traffic collision etc).

3.8 ***Emergency Medical Treatment***

In accepting a place at the school, parents are required to give their consent for the Headmaster or other nominated representative to provide, on the advice of qualified medical opinion, emergency medical treatment, including general anaesthetic and surgical procedure under the NHS if the school is unable to contact a parent. This consent is on the pupil's medical form which is held electronically in ISAMS and therefore accessible to House staff.

3.9 ***Medical Care***

This procedure is limited to the provision of first aid, but the school has arrangements in place for:

- dealing with pupils who have special educational needs or specialist medical needs
- provision of medical examinations and immunisations
- holding medical records
- dealing with medicines and treatments brought to school for pupils
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PROTOCOL: Use of an automated external defibrillator

This school protocol aims to provide clear and simple instructions for the use of the AED provided at BHS School for all first aiders in the case of an emergency.

- The AEDs can be found outside the back door to catering (right hand side of Main school entrance) or in the entrance of the sports hall - lower ground floor. They are kept unlocked and accessible for all emergencies. They are kept fully equipped and are checked and recorded weekly by the school nursing team. The staff will be provided 3 yearly training on the AED by a qualified instructor as part of their first aid training and regular updates/training practice will be available on request.
- The school nursing team is responsible for the upkeep and maintenance and checking of the school defibrillators.

In the UK approximately 30,000 people sustain cardiac arrest outside hospital and are Treated by emergency medical services (EMS) each year.

Electrical defibrillation is well established as the only effective therapy for cardiac arrest caused by ventricular fibrillation (VF) or pulseless ventricular tachycardia (VT). The scientific evidence to support early defibrillation is overwhelming; the delay from collapse to delivery of the first shock is the single most important determinant of survival. If defibrillation is delivered promptly, survival rates as high as 75% have been reported.

The chances of successful defibrillation decline at a rate of about 10% with each minute of delay; basic life support will help to maintain a shockable rhythm but is not a definitive treatment.

The Resuscitation Council (UK) recommends strongly a policy of attempting defibrillation with the minimum of delay in victims of VF/VT cardiac arrest. Sequence of actions when using an automated external defibrillator

The following sequence applies to the use of both semi-automatic and automatic AEDs in a victim who is found to be unconscious and not breathing normally:

1. Follow the adult basic life support (BLS) algorithm (appendix 3) or paediatric BLS sequence (appendix 4). Do not delay starting CPR unless the AED is available immediately.

2. as soon as the AED arrives:

· If more than one rescuer is present, continue CPR while the AED is switched on. If you are alone, stop CPR and switch on the AED.

· Follow the voice / visual prompts.

· Attach the electrode pads to the patient's bare chest.

· Ensure that nobody touches the victim while the AED is analysing the rhythm.

3A. if a shock is indicated:

· Ensure that nobody touches the victim.

· Push the shock button as directed (fully-automatic AEDs will deliver the shock automatically).

· Continue as directed by the voice / visual prompts.

· Minimise, as far as possible, interruptions in chest compression.

3B. if no shock is indicated:

· Resume CPR immediately using a ratio of 30 compressions to 2 rescue breaths.

· Continue as directed by the voice / visual prompts.

4. Continue to follow the AED prompts until:

· Qualified help arrives and takes over OR

· the victim starts to show signs of regaining consciousness, such as coughing, opening his eyes, speaking, or moving purposefully AND starts to breathe normally OR

· You become exhausted.

Placement of AED pads

Place one AED pad to the right of the sternum (breast bone), below the clavicle (collar bone). Place the other pad in the left mid-axillary line, approximately over the position of the V6 ECG electrode. It is important that this pad is placed sufficiently laterally and that it is clear of any breast tissue.

Although most AED pads are labelled left and right, or carry a picture of their correct placement, it does not matter if their positions are reversed. It is important to teach that if this happens 'in error', the pads should not be removed and replaced because this wastes time and they may not adhere adequately when re-attached.

- The victim's chest must be sufficiently exposed to enable correct pad placement. Chest hair will prevent the pads adhering to the skin and will interfere with electrical contact. Shave the chest only if the hair is excessive, and even then spend as little time as possible on this. Do not delay defibrillation if a razor is not immediately available.

Defibrillation if the victim is wet

- As long as there is no direct contact between the user and the victim when the shock is delivered, there is no direct pathway that the electricity can take that would cause the user to experience a shock. Dry the victim's chest so that the adhesive AED pads will stick and take particular care to ensure that no one is touching the victim when a shock is delivered.

Defibrillation in the presence of supplemental oxygen

- There are no reports of fires caused by sparking where defibrillation was delivered using adhesive pads. If supplemental oxygen is being delivered by a face mask, remove the face mask and place it at least one metre away before delivering a shock. Do not allow this to delay shock delivery.

Minimise interruptions in CPR

- The importance of early, uninterrupted chest compressions is emphasised throughout these guidelines. Interrupt CPR only when it is necessary to analyse the rhythm and deliver a shock. When two rescuers are present, the rescuer operating the AED applies the electrodes while the other continues CPR. The AED operator delivers a shock as soon as the shock is advised, ensuring that no one is in contact with the victim.

CPR before defibrillation

- Provide good quality CPR while the AED is brought to the scene. Continue CPR whilst the AED is turned on, then follow the voice and visual prompts. Giving a specified

period of CPR, as a routine before rhythm analysis and shock delivery, is not recommended.

Voice prompts

The sequence of actions and voice prompts provided by an AED are usually programmable and it is recommended that they be set as follows:

· deliver a single shock when a suitable rhythm is detected;

· No rhythm analysis immediately after the shock;

· A voice prompt for resumption of CPR immediately after the shock;

· A period of 2 min of CPR before further rhythm analysis.

Storage and use of AEDs

AEDs should be stored in locations that are immediately accessible to rescuers; they should not be stored in locked cabinets as this may delay deployment. Use of the UK standardised AED sign is encouraged, to highlight the location of an AED. People with no previous training have used AEDs safely and effectively. While it is highly desirable that those who may be called upon to use an AED should be trained in their use, and keep their skills up to date, circumstances can dictate that no trained operator (or a trained operator whose certificate of training has expired) is present at

The site of an emergency. Under these circumstances no inhibitions should be placed on any person willing to use an AED.

The AED should be checked by the school nurses on a weekly basis to ensure the AED is in working order. This should include checking the expiry dates for the pads. This should be documented to fit health and safety requirements.

Children

Standard AED pads are suitable for use in children older than 8 years. Special paediatric pads, that attenuate the current delivered during defibrillation, should be used in children aged between 1 and 8 years if they are available; if not, standard adult-sized pads should be used. The use of an AED is not recommended in children aged less than 1 year. However, if an AED is the only defibrillator available its use should be considered (preferably with the paediatric pads described above).

As described by the Resuscitation Council UK Guideless (2021) A child is between 1 year and 18 years old.

The difference between adult and paediatric resuscitation are largely based on differing aetiology. If the rescuer believes the victim to be a child then they should use the paediatric guidelines. If a misjudgement is made, and the victim turns out to be a young

adult, little harm will accrue, as studies of aetiology have showed that paediatric causes of arrest continues into early adulthood.

It is however, necessary to differentiate between infants (under 1 year of age) and children, as there are some important differencces between these two groups.

Appendixes.

Appendix 1

Location of First Aid Boxes

Art Department x1

Bursary x1

C.D.T Department x1

Laboratories 1-5 eye wash stations only

Science Room prep x1 and eye wash station

Kitchen x1 and generic AAI/kitt and burns kit

Maintenance Department x2

Grounds Staff x1

Sports Department x9 for staff/trips

Sports Hall x1 defib and generic asthma kit in main entrance

Staff Room x1

Housekeeping x1

Minibuses x11

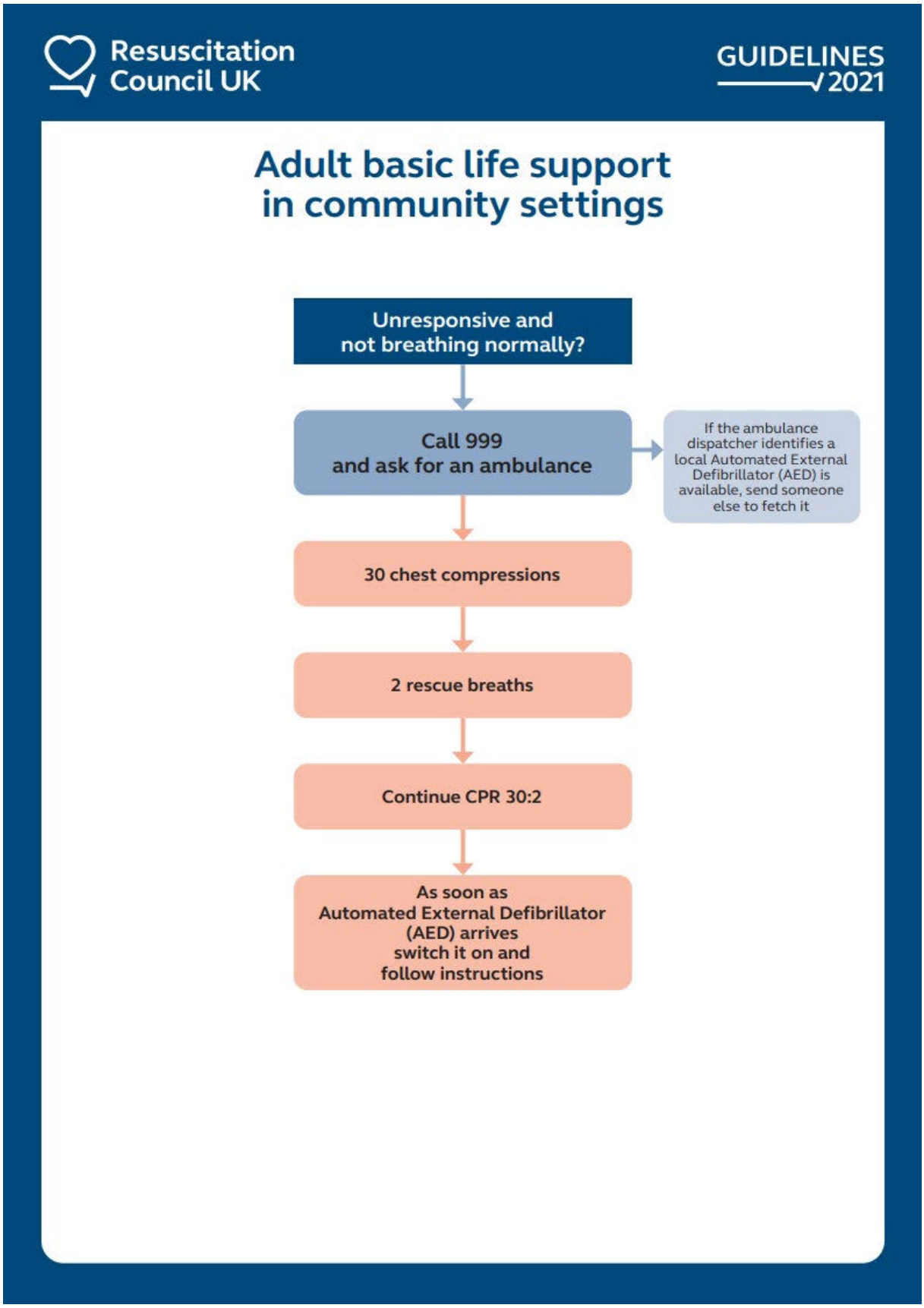
Winthrop Young x2 (main entrance and outside sixth form common room)

Gardening shed x1

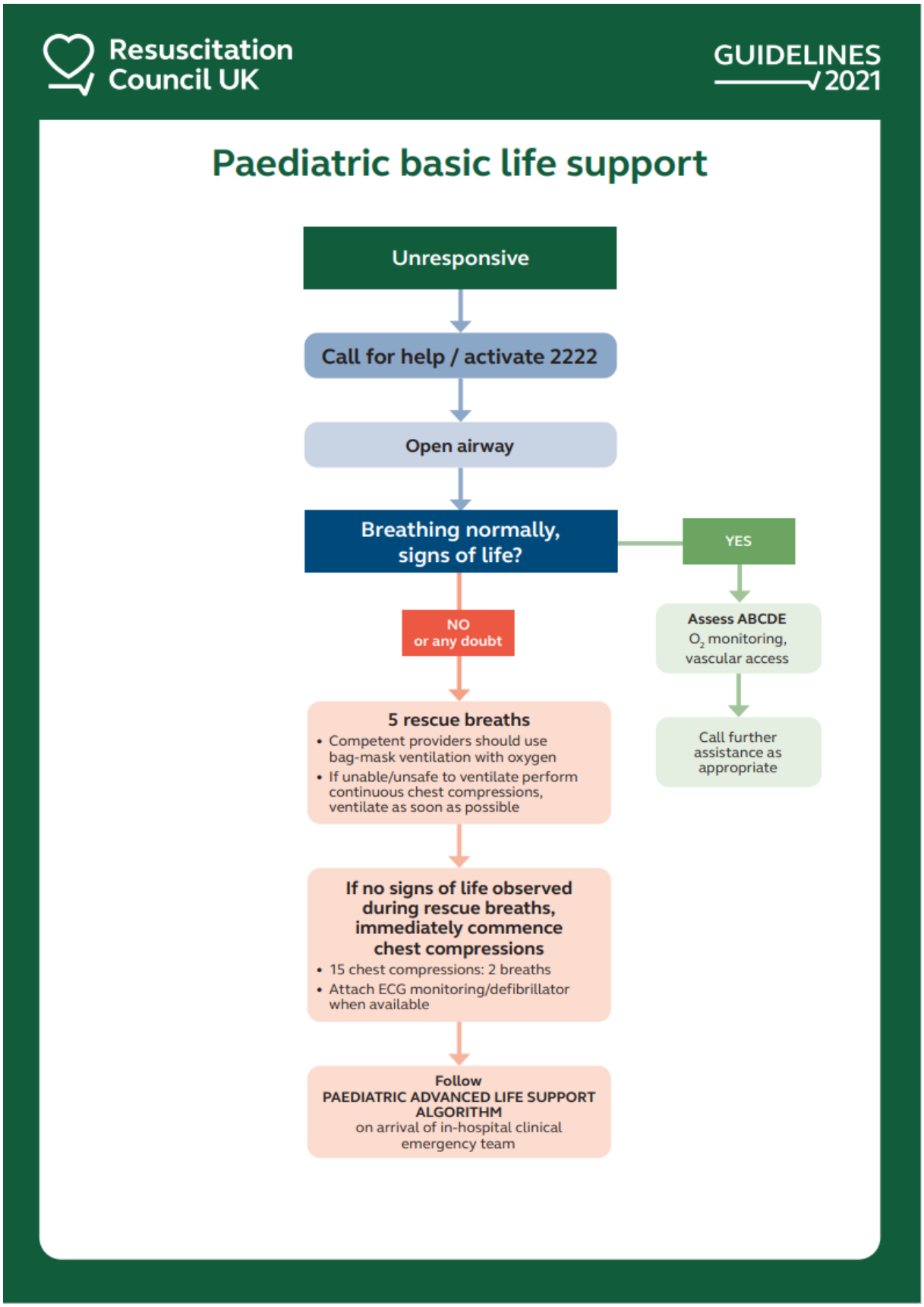
Main reception generic AAI and asthma kits

Each boarding house has x1 FA kit and generic asthma kit

Appendix 2


Resuscitation Council UK
GUIDELINES 2021
Adult basic life support in community settings
Unresponsive and not breathing normally?
Call 999 and ask for an ambulance
If the ambulance dispatcher identifies a local Automated External Defibrillator (AED) is available, send someone else to fetch it
30 chest compressions
2 rescue breaths
Continue CPR 30:2
As soon as Automated External Defibrillator (AED) arrives switch it on and follow instructions

Appendix 3


Resuscitation Council UK
GUIDELINES 2021
Paediatric basic life support
Unresponsive
Call for help / activate 2222
Open airway
Breathing normally, signs of life?
YES
Assess ABCDE
O_2 monitoring, vascular access
Call further assistance as appropriate
NO or any doubt
5 rescue breaths
• Competent providers should use bag-mask ventilation with oxygen
• If unable/unsafe to ventilate perform continuous chest compressions, ventilate as soon as possible
If no signs of life observed during rescue breaths, immediately commence chest compressions
• 15 chest compressions: 2 breaths
• Attach ECG monitoring/defibrillator when available
Follow
PAEDIATRIC ADVANCED LIFE SUPPORT ALGORITHM
on arrival of in-hospital clinical emergency team