First Aid Policy

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1. Policy Statement

The Health and Safety (First-Aid) Regulations 1981 place a duty on employers to provide adequate First Aid equipment, facilities and personnel to their employees. In its guidance, HSE strongly recommends that employers include non-employees in their assessment of First Aid needs and that they make provision for the needs of visitors to the school site.

First Aid provision - In order to ensure that adequate First Aid provision is provided for staff, students, contractors and visitors to the School, it is Rugby Free Secondary School's policy that:

Medical officer - there is a Medical Officer in attendance during the School's normal working hours and if she is absent, that the School puts adequate First Aid cover in place, including organising for an agency nurse if the absence exceeds one day;

First Aider – a First Aider is available when students are present on-site;

First Aid personnel - sufficient numbers of trained First Aid personnel, together with appropriate equipment, are available to ensure that there is someone competent in basic First Aid techniques who can attend an incident during times when the School is occupied; and

First Aid arrangements - appropriate First Aid arrangements are in place whenever staff and students are engaged in offsite activities and visits. Further information can be found in the School's Policy for Educational Visits and other off-site activities.

Teachers' conditions of service do not include giving First Aid, although any member of staff may volunteer to undertake these tasks. The School must ensure that there are sufficiently trained staff to meet the statutory requirements and assessed needs.

2. Emergency Procedures

2.1. Ambulance

If the first member of staff present at an incident judges that an ambulance should be called, he or she should do so immediately, by calling the emergency services on 999, without hesitation and without waiting for the Medical Officer or First Aider to arrive at the scene. If necessary, the Medical Officer or a First Aider should be summoned (see 2.3 below). If the Medical Officer is already in attendance, she will make the decision as to whether to call the emergency services.

Staff should always call an ambulance if there is:

- a serious injury or illness;

- serious breathing difficulty;
- any significant head injury;
- major bleeding;
- a period of unconsciousness (excluding a faint);
- a severe burn;
- an obvious open fracture or dislocation.

Whenever possible, an adult should remain with the casualty until help arrives and other staff can be called upon to help with moving away any students present.

If an ambulance is called, the receptionist should be notified immediately in order to alert Security and the school keepers to open the relevant gates and direct the ambulance crew to the casualty's location. See also the Advice for Requesting and Ambulance in the Staff Handbook.

Parents/next of kin of the casualty should be notified and a responsible adult should go to hospital with the casualty.

2.2. Other Incidents

For all other illnesses and accidents a student should either be sent immediately to the Medical Centre or advised to attend during the next break. During lesson times students should have a yellow slip signed by their teacher giving permission to leave the lesson and they should, if necessary, be accompanied by a responsible friend.

Any student who suffers an injury to the head must be sent to the Medical Centre immediately, accompanied by a responsible friend.

If the condition involves the student feeling dizzy or unstable then the Medical Officer should be sent for and she will bring the wheelchair to transport the casualty to the Medical Centre if appropriate. Under no circumstances should the student walk to the Medical Centre as injury may occur on route. The student should be laid on the floor of the classroom with their legs raised as necessary

2.3. Contacting a First Aider

The individual summoning First Aid should call Reception using the emergency number (222) and the Receptionist will contact a First Aider.

2.4. Informing Parents/next-of-kin

If an ambulance is called, parents or next-of-kin will be notified as soon as possible.

If a student receives medical attention for an injury that the Medical Officer considers should receive further care or observation, the Medical Officer will, with the student's consent inform parents either by letter or telephone.

Following a head injury (except the most minor), parents are informed by telephone as necessary and a separate head injury advice letter is given by the Medical Officer to the student to take home.

3. Responsibility under the policy

3.1. The Headteacher

The Headteacher is responsible, through the senior staff to whom she gives delegated authority, for:

- Putting the policy into practice and for ensuring that detailed procedures are in place;
- Ensuring that parents are aware of the school's Health and Safety Policy, including the arrangements for First Aid, by making both policies available on the school's website;
- Overseeing the adequacy of First Aid cover including organisation of qualified staff training programmes and equipment.

3.2 The Medical Officer

The Medical Officer is responsible for:

- Reviewing the School's First Aid Policy in consultation with SLT
- Reviewing the operation of the First Aid Policy to determine any changes that might be required to the School's First Aid provision.
- Assessing the First Aid needs throughout the school;
- Deciding on First Aid issues with SLT
- Organising the ordering, provision and replenishment of First Aid equipment to ensure that First Aid boxes and kits are adequately stocked at all times;
- Checking the off-site PE First Aid kits at the beginning of each term (the PE department are then responsible for re-stocking the kits as needed, with supplies provided by the Medical Officers and kept in the PE office);
- Checking the Emergency Asthma kits at the beginning of each term and after each

occasion when they have been used;

- Checking the Emergency Spare Adrenaline Auto-Injectors at the beginning of each term and ensuring that they are replaced at the earliest opportunity after they have been administered;
- Ensuring that there is a poster detailing students with existing conditions that require prompt action such as severe allergies, asthma, epilepsy and diabetes is kept up to date and posted in the Staff Room and also on the on-line Staff Intranet. The poster must be available for staff from the beginning of the Autumn term and before they meet their classes, and updated as necessary and staff informed by email

3.3 The Senior Teacher with responsibility for Staff Training

The Senior Teacher with responsibility for Staff Training is responsible for:

- Organising and carrying out First Aid training for staff;
- Ensuring there is a rota to allow for a suitable numbers of First Aiders to be available when students are on-site and for events out of hours;
- Ensuring that an up to date lists of qualified First Aiders is kept at Reception and displayed in other relevant places around the school

3.4 The First Aiders

The First Aiders are responsible for:

- Providing First Aid cover during normal school hours
- Maintaining accurate records of first aid or any treatment given
- Ensuring students are signed into and out of the first aid area
- Updating records on CPOMs
- The Operations Manager is responsible for ensuring that Health and Safety records of accidents are maintained with support from the Facilities Supervisor and the HR Advisor.
- The Operations Manager and HR Advisor are for making reports under RIDDOR where appropriate (see section 8 below)
- The Educational Visits Coordinator, in consultation with the Senior Leadership Team, is responsible for ensuring that appropriate arrangements are followed for off-site activities/trips and out of hours activities

3.5 Teachers of PE

Teachers of PE are responsible for:

- Ensuring that First Aid kits are taken on all home/away matches and also during practice

sessions;

- Restocking the off-site PE First Aid kits on an ongoing basis, in liaison with the Medical Officers (who will stock the kits at the start of each term and provide supplies for restocking).

3.6 Visit Group Leaders

Visit Group Leaders and PE staff taking students off-site are responsible for:

- Ensuring that they have collected a student's Yellow Emergency Kit containing their Emergency Allergy Action Plan, 1-2 Adrenaline Auto-Injectors – Emerade/EpiPens/Jext and adjuncts (antihistamines, asthma inhalers) and any other medication for students who require them and who have provided the Medical Officers with such medication;
- Ensuring that students are also carrying their own medication;
- Liaising with the Medical Officer to ensure that they have up-to-date awareness and knowledge of the medical needs of members of their visit groups, squads and/or practice groups.

3.7 Heads of Department

Heads of Department are responsible for ensuring that:

- Staff in their departments are aware of the procedures set out in this policy and, where appropriate, the location of the nearest First Aid kits;
- Risk assessments, especially for practical work, take account of First Aid Procedures, and any relevant instructions from the Medical Officer;
- If specified in risk assessments, emergency action such as immediate flushing and cooling for burns is carried out without waiting for a qualified first aider or the Medical Officer to arrive on the scene.

3.8 All staff

All staff have a duty of care towards students and should respond accordingly when First Aid situations arise. All staff should:

- Familiarise themselves with the Special Medical Needs Poster on the board in the Staff Room or on the staff intranet detailing students with medical needs that require the use of Adrenaline Auto-Injectors and students who could require First Aid due to medical conditions such as severe asthma, epilepsy and diabetes;
- Familiarise themselves with the list of qualified First Aiders kept at Reception and available on the Staff Intranet

- Understand that in general the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

4. Provision of First Aid personnel

The School has a well-equipped first aid room, 15 trained first aiders and a medical officer. During the day there is one first aid trained personnel on duty during every lesson who is contactable via a walkie-talkie.

During school hours (8.30am to 4.30pm) the School ensures that there is at least one First Aiders with FAW training on duty and contactable by walkie-talker. 7

Appropriate First Aid arrangements are in place whenever staff and students are engaged in off-site activities and visits. Further information can be found in the School's Policy for Educational Visits and other off-site activities.

5. First Aid kits and other equipment

First Aid kits are located in many areas of the school and are clearly labelled with a white cross on a green background in accordance with Health and Safety regulations. A list of these areas, including areas where eye wash stations are available, is available. All staff and students have access to these First Aid kits and in case of emergency would be able to access appropriate First Aid equipment to support their treatment. In addition:

- First Aid kits are available to PE staff during lessons and are taken to matches;
- First Aid kit should be taken to all off-site activities and visits. The Medical Officer will provide these kits and the Group Leader should liaise with them in advance in accordance with the School's Educational Visits Policy. Group Leaders should advise the Medical Officer of any activities which might require specific or extra First Aid items.
- A First Aid kit is provided in the school mini bus.

The Medical Officer is responsible for checking and restocking First aid kits, Emergency Asthma kits and Emergency Spare Adrenaline Auto-Injectors, but staff must inform the Medical Officer immediately when items have been used so that they can be replaced if necessary. Each First Aid kit contains a laminated card listing the basic contents of the kit.

Location of Students own Adrenaline Auto-Injectors - Emerade/EpiPens/Jext for individual students: these are kept in the Medical Room. The door is unlocked for fast access. They must be signed out for visits/off-site activities in a yellow book kept in the Medical Centre and signed back in on return.

Location of Asthma Inhalers for individual students (when provided by parents): these are kept in the Medical Room in clearly labelled in individual.

Location of Emergency Asthma Kits: these are kept in the Medical Room and are available to any student with asthma who requires emergency access to a Ventolin reliever inhaler.

Location of Emergency Spare Adrenaline Auto-Injectors: these are kept in the Medical Room. They can be administered in an emergency to a student who has already been prescribed an Adrenaline Auto-Injector but for whatever reason their own Adrenaline Auto-Injector is not available, or their second Adrenaline AutoInjector (yellow bag) is damaged and cannot be used.

6. Information

It is essential that there is accurate, accessible information about how to obtain emergency aid.

All new staff receive information during their induction programme on how to obtain First Aid assistance. This includes:

- Location of the Medical Centre;
- The names of the First Aiders;
- How to contact the First Aiders in an emergency;
- The procedure for dealing with an emergency when first aid is not there;
- Where to access the names of qualified First Aiders and appointed persons;
- The location of the First Aid kits;
- How and when to call an ambulance;
- Where to access a current copy of this policy.

7. Training

First Aid training is organised in house by the Senior Teacher with responsibility for staff training. A list of staff trained in First Aid, and their level of qualification, is contained in Schedule 2 to this policy and is available on the staff intranet and at Reception.

A qualified First Aider is someone who holds a valid certificate of competence in First Aid at Work (FAW). These qualifications expire after a period of three years and must be renewed. Regular annual update courses are provided for staff. Or someone who has attended a minimum of 4 hours First Aid training (renewable every three years) and is competent to give emergency aid until further qualified help arrives.

Additional training for other medical conditions for example; use of Adrenaline AutoInjectors, Asthma inhalers and education regarding Diabetes or Epilepsy is provided by the Medical Officer or outside instructor when necessary. Staff can also find further information on these conditions in the attached Appendices as follows:

- Appendix I Anaphylaxis
- Appendix II Asthma
- Appendix III Diabetes
- Appendix IV Epilepsy
- Appendix V Wound Management
- Appendix VI Automatic External Defibrillator (AED) procedure

8. Reporting and Record Keeping

Every accident which occurs in school, whether to students, staff or visitors, must be reported using the paper Accident Book in the School Office.

If a student suffers an accident an accident report should be made by the person supervising the lesson/activity at the time of the accident, even if they were not aware of it at the time (in which case the student, or the Medical Centre if the student is incapacitated, should pass on the details to the supervising member of staff). If the accident took place outside lesson time, the report should be made by the member of staff first on the scene. These should all be reported on CPOMs.

All accident reports and associated records should be kept by Medical Officer. For accident reports involving students a copy is kept by the Medical Officer on the student's confidential medical record and by the Head's PA on the individual student file. For accident reports concerning staff a copy is placed on the member of staff's personnel file.

The Medical Officer will decide whether an accident or incident requires a supplementary accident form to be completed or an investigation to discover the root causes so as to prevent a recurrence or for disciplinary or insurance purposes. All accidents or incidents that are reportable under RIDDOR (see below) will be investigated and a record of the investigation kept by the Medical Officer or SLT.

8.1. RIDDOR

The Reporting of Injuries Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) require the School to report to the Health and Safety Executive certain accidents, diseases and dangerous occurrences arising out of or in connection with work.

- For employees or self-employed contractors this includes: accidents or physical violence resulting in death or a specified injury; an injury resulting in the employee being incapacitated for more than 7 days; or certain occupational diseases.
- For students and other non-employees this includes: death or an injury arising out of, or in connection with, a work activity and resulting in the individual being taken directly from the scene of the accident to hospital for treatment. This applies to accidents on the school site or off-site on an activity organised by the School.
- Dangerous occurrences (near-miss events) are reportable if they are specifically listed under RIDDOR.

Injuries to students and other non-employees will generally be considered to "arise out of, or in connection with, a work activity" if they are caused by:

- Failure in the way the work was organized (e.g. inadequate supervision of a field trip);
- The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or the condition of the premises (e.g. poorly maintained or slippery floors).

All incidents can be reported online but a telephone service is also provided for reporting fatal and specified injuries only - 0845 300 9923 (opening hours Monday to Friday 8.30 am to 5 pm).

All notifications required under RIDDOR will be made by the medical officer or, in their absence, by SLT within the prescribed timeframes.

8.2. Hygiene procedures when dealing with a spillage of bodily fluid (e.g. blood, vomit, urine etc.)

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff have access to single use disposable gloves and hand washing facilities and should take care when dealing with blood or other body fluids and when disposing of dressings or equipment.

The First Aider attending should take the following precautions to avoid the risk of infection:

- Cover any cuts and grazes on their own skin with a waterproof dressing;
- Wear suitable disposable gloves when dealing with blood.

Each first aid kit contains gloves and a yellow clinical waste bag for the disposal of any items used during the treatment of the First Aid incident. This should then be disposed of in the yellow clinical waste bin located in the First Aid Room. The bin is clearly labelled for the disposal of clinical waste. There are other clinical waste bin at reception and the student entrance.

If a First Aider has had to deal with any incident involving the spillage of bodily fluids (for example vomit) they should call 251 and one of the Premises Team will come and attend to the clear up. The member of staff should not attempt to clean the area as this requires specialist training and treatment with a specialist product

The PE department can provide spare clothes for a student if required.

10. Review and Monitoring of First Aid provision

First Aid arrangements, including the contents of this policy, are under annual review to ensure that the provision is adequate and effective. This review will be carried out by the Medical Officers and SLT.

An annual review of training provision will be carried out by the Senior Teacher responsible for staff training.

Appendix A - COVID-19: First Aid Procedure

For the duration of the COVID-19 pandemic this overarching annex document will be in place as an amendment to the School's First Aid Policy and Appendices. The document will be updated and recirculated as necessary.

The COVID-19 First Aid Procedure will ensure First Aiders are confident that they can provide First Aid to someone who sustains an injury or becomes unwell during the COVID-19 pandemic; including specific guidance on giving cardiopulmonary resuscitation (CPR).

Background:

COVID-19 is the infectious disease (virus) caused by the most recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019. COVID-19 is now a global pandemic. As this is a novel disease, knowledge about COVID-19 is constantly being updated.

The main symptoms of COVID-19 are currently:

- A high temperature – this means feeling hot to the touch on the chest or back (you do not need to measure the temperature with a thermometer).
- A new, continuous cough – this means coughing more than once an hour, or 3 or more coughing episodes in 24 hours (if the person usually has a cough, it may be worse than usual)
- Loss or change to the sense of smell (anosmia) – this means having noticed the inability to smell or things smelling differently to normal

Most people with coronavirus have at least one of these symptoms, however some people may be **pre-symptomatic** (have not yet developed symptoms) or be **asymptomatic** (have no symptoms) but be infectious and capable of infecting others.

How COVID-19 is spread:

People can catch COVID-19 from others who have the virus. The disease spreads primarily from person to person through small droplets from the nose or mouth, which are expelled when a person with COVID-19 coughs, sneezes, or speaks. People can catch COVID-19 if they breathe in these droplets from a person infected with the virus. This is why it is important to stay at least 2 metres away from others. These droplets can land on objects and surfaces around the person such as tables, door handles, handrails, telephones and light switches. People can become infected by touching these objects or surfaces, then touching their eyes, nose or mouth. **This is**

why it is essential to wash your hands regularly with soap and water or clean them with an alcohol-based hand gel.

First Aid in the context of COVID-19:

All casualties must be assumed to be potentially COVID-19 positive and the following universal precautions taken to ensure the safety of the First Aider and Casualty.

The COVID-19 First Aid Procedure:

The First Aider collects a First Aid Kit (containing hand gel) and the attached PPE Kit before attending the casualty. If not possible a helper will collect.

The First Aider uses their training to assess the risk from the immediate environment to self and others present.

The First Aider remains at a 2-metre safe distance to assess hazards and the casualty.

The First Aider, judging the situation to be safe for the casualty, checks temperature – of high it must be rechecked three time during the course of the treatment.

If the casualty is conscious and can communicate, they should self-treat if this is appropriate by following instructions given by the First Aider at a 2-metre distance.

The First Aider transfers the First Aid equipment required to the casualty by sliding or another appropriate method.

If the casualty is unresponsive for the primary and secondary survey or is not able to selftreat then the following PPE must be put on in the following order by the First Aider BEFORE approaching the casualty within 2 metres:

- First remove any jewellery
- Tie hair up if necessary
- Gel hands as per WHO guidelines
- Apply a surgical facemask (ensuring this is correctly positioned to completely cover the mouth and nose and then pinch over the nose to ensure a tight fit)
- Apply a visor* if necessary
- Apply gloves

*If the risk assessment of the casualty determines that there is a risk of fluids entering the eye from, for example, coughing, spitting or vomiting, then eye protection (a visor) should also be worn and is put on after applying the facemask. A supply of visors is kept with the first aid room.

At all times the First Aider must keep their hands away from own face.

When assessing the casualty's breathing, the First Aider does not place their ear or cheek close to the casualty's face and does not listen or feel for breathing for 10 seconds. The First Aider instead looks at the chest to assess breathing; recognizing cardiac arrest by looking for the absence of signs of life and the absence of normal breathing.

The First Aider shouts for help.

If there is any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives.

The helper calls 999 for emergency help while CPR is commenced.

The helper puts the phone on speaker and hold it out towards First Aider, so they can maintain at 2-metre distance.

If the First Aider is on their own, they use the hands-free speaker on their own phone so they can start CPR while speaking to ambulance control.

Ambulance control are informed the casualty is potentially COVID-19 positive as appropriate.

Cardiopulmonary Resuscitation (CPR):

Whenever CPR is carried out, particularly on an unknown victim, there is some risk of cross infection, associated particularly with giving rescue breaths. Normally, this risk is very small and is set against the inevitability that a person in cardiac arrest will die if no assistance is given. If there is a perceived risk of infection, the First Aider should place a cloth/towel/clothing over the casualty's mouth and nose BEFORE COMMENCING CPR and attempt compression-only CPR.

DO NOT GIVE RESCUE BREATHS

Ensure mouth and nose of casualty is covered.

Start CPR - Kneel by the casualty and put the heel of one hand on the middle of the person's chest. Putting other hand on top of the first. Interlock the fingers, making sure not to touch the ribs.

Keeping arms straight, lean over casualty, press down hard, to a depth of about 5-6cm before releasing the pressure, allowing the chest to come back up. The beat of the song "Staying Alive" can help keep to the right speed.

THE HELPER REMINDS THE FIRST AIDER NOT TO GIVE RESCUE BREATHS

The First Aider continues with Chest Compressions

The helper keeps a 2-metre distance. However, the First Aider is likely to become rapidly exhausted.

If the helper is needed to take over CPR from the First Aider the helper puts on PPE as above.

At all times the helper keeps their hands away from their face.

Disposal of PPE:

When the casualty has been treated or the Ambulance Service have arrived and taken over the care of the casualty, the First Aider must remove their PPE carefully in the correct order into the orange lidded pedal bin specifically for this purpose, situated outside the Isolation Room as follows:

- Remove gloves and drop into bin
- Gel hands as per WHO guidelines
- Gel hands
- If wearing a visor do not bend forwards as this brings the bottom of the visor into contact with the clean upper body. Remove by holding the band at the back of the visor and lift over head and drop into bin without touching the front of the visor*
- Gel hands
- Remove facemask by unfastening bottom tie and then top tie. Do not bend the neck forward as this allows the facemask to touch the clean upper body. Pull the facemask away from face holding ties without touching the front of the facemask and drop into bin
- Gel hands

If there is any clinical waste this is placed into the clinical waste bin first.

Any Adrenaline Auto-Injectors must be handed over safely to the Ambulance Service for safe disposal.

The First Aider must thoroughly wash their hands with Soap and Water at the first opportunity.

Follow-up:

All reusable First Aid equipment are thoroughly cleaned and disinfected using appropriate wipes and then restocked by the First Aiders or the medical officer. The member of staff with oversight for First Aid or the Line Manager will ensure the First Aider and helper have an opportunity to debrief following the incident

References:

https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/ (Accessed 10/06/2020)

https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-adetail/q-a-coronaviruses (Accessed 10/06/2020)

https://www.resus.org.uk/media/statements/resuscitation-council-uk-statements-on-covid-19-coronavirus-cpr-and-resuscitation/covid-community/ (Accessed 10/06/2020)

https://www.who.int/gpsc/5may/How_To_HandRub_Poster.pdf (Accessed 11/06/2020)

https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrenssocial-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-ofpersonal-protective-equipment-ppe (Accessed 12/06/2020)

Appendix B – Severe allergic reaction - Anaphylaxis

An allergy is a hypersensitivity to a foreign substance that is normally harmless, but produces an immune response reaction in some people. An anaphylactic reaction is the extreme end of the allergy spectrum affecting the whole body and requires emergency treatment to preserve life, with an intramuscular injection of adrenaline (in school - via an Adrenaline Auto-Injector such as an Emerade/EpiPen/Jext. The reaction usually occurs within minutes of exposure to the "trigger" substance although in some cases the reaction may be delayed for a few hours (bi-phasic). Common trigger substances include peanuts, tree nuts, eggs, shellfish, kiwi, insect stings, latex and drugs such as penicillin. **Avoidance of the allergen/trigger substance is paramount.**

Signs and symptoms

The early symptoms of an **allergic** reaction are:

- Itchy, urticarial rash (hives) anywhere on the body
- Runny nose and watery eyes
- Nausea and vomiting
- Abdominal cramping
- Tingling when an allergen has been touched

Where possible remove the "trigger" – the sting, food etc. – get them to spit the food out but **NEVER** induce vomiting

The student's medical condition must be monitored as it may **rapidly** deteriorate

Definition of Anaphylaxis:

Anaphylaxis involves one or both of two features

- Respiratory difficulty (swelling of the airway or asthma)
- Hypotension (fainting, collapse or unconsciousness)

Symptoms suggestive of **Anaphylaxis** are:

- Skin Changes: Pale or flushed, urticaria (hives)
- Severe swelling of lips or face
- Tongue becomes swollen
- Respiratory difficulty - audible wheeze, hoarseness, stridor
- Difficulty in swallowing or speaking
- Student may complain that the their neck feels funny
- Feeling weak or faint due to a drop in blood pressure
- Feeling of impending doom (anxiety, agitation)
- Pale and clammy skin
- A rapid and weak pulse
- May become unconscious

Treatment - what to do

Follow the student's individual Emergency Allergy Action Plan.

Treatment depends on the severity of the reaction and may require the administration of an Emergency Adrenaline Auto Injector (Emerade/EpiPen/Jext) to be given without delay.

For mild symptoms

An antihistamine and if prescribed, an inhaler should be taken by the student/be given by the first aider, or on visits, by the teacher with responsibility for First Aid. Monitor - the student's medical condition as it may **rapidly** deteriorate.

For severe symptoms

Each student with a known severe allergy, who has been prescribed an Adrenaline Auto Injector - Emerade/EpiPen/Jext should (parents advised) carry x2 with them at all times. Each student also has at least x1 Adrenaline Auto Injector together with any other emergency medication required and a named Emergency Allergy Action Plan in their yellow emergency

kit, which must accompany them on all offsite activities. The yellow emergency kits are in the first aid room.

Treatment for anaphylaxis is adrenaline administered via an Adrenaline Auto Injector into the upper outer thigh muscle and may be given through clothing (avoiding the seam line) noting the time. Adrenaline quickly reverses the effects of the allergic reaction, but it is short-acting. If there is no improvement or the symptoms return, then a second Adrenaline Auto Injector must be administered after 5 minutes. Follow the student's Individual Emergency Allergy Action Plan which includes details of any additional medication to be administered such as antihistamines, an inhaler or steroids (adjuncts). The student must always go to hospital by ambulance if an Adrenaline Auto Injector is administered, even if they appear to have recovered.

First episode – In the case of a pupil without a previous history of anaphylaxis or allergy reaction

The Medical Officer should be contacted without delay if the episode occurs in school. If they are not available or the incident is off-site then an ambulance should be called (stating that the emergency is a suspected anaphylactic reaction) and First Aid measures carried out.

New pupils

- Parents must inform us of their child's allergy on the Confidential Medical Questionnaire Form that they complete when their child joins Rugby Free Secondary school. If the condition develops later, the parents must notify us as soon as possible.
- The Medical Officer will discuss with parents the specific arrangements for their child.
- Parents will need to teach their child about the management of their own allergy including avoiding trigger substances and how and when to alert a member of staff.
- The parents should ensure that their child has been shown how to self-administer an Adrenaline Auto Injector by the prescribing doctor or specialist allergy nurse and that this is regularly reviewed.
- Students should carry x2 Adrenaline Auto Injectors and any other emergency medication required with them at all times.
- Parents must provide the Medical Centre with a spare Adrenaline Auto Injector. Parents will also supply any antihistamine or other medication that may be required. The medication will be kept in a named yellow emergency kit in the First Aid room. The emergency medical kit will also contain the Individual Emergency Care Plan and emergency contact details.
- Parents are responsible for ensuring that all medication is in date and replaced as necessary.
- Parents must keep the school up-to-date with any changes in symptoms or medication

and must provide an up-to-date individual Emergency Allergy Action Plan from the prescribing doctor.

- Catering staff will take all reasonable steps to ensure that only suitable food is available and will advise pupils on ingredients and appropriate food choices as required.
- Although the catering department can accommodate most food allergies, the parents will need to provide their child with snacks/packed lunches where appropriate.
- A named photograph of pupils with severe allergies is displayed on the in the Staff Room, Sports Offices and on the online staff intranet.
- A student must carry their Adrenaline Auto Injectors with them at all times in school together with any other prescribed emergency medication and should wear a medical alert bracelet.

Training

- Training will be available to all staff in the recognition and treatment of anaphylaxis and allergic reactions, including the use of Adrenaline Auto Injectors and how to summon help in an emergency.
- An update on allergy/anaphylaxis will take place regularly – preferably annually as staff change.
- An update may also be required when protocols and guidelines are revised.
- Specific training can be given on individual pupils as and when the need arises.
- The training to be provided will cover: prevalence; recognition of signs & symptoms of allergic reactions, including anaphylaxis; differential diagnosis; treatment; roles and responsibilities; storage of medication; and administrative procedures. School Visits
- Specific arrangements should be made for after-school or weekend activities and for school visits
- At least one member of staff trained in administering antihistamine and an Adrenaline Auto Injector must accompany the party
- The degree of supervision required for the student should be discussed with parents and will depend on the pupil's age
- A letter for the Airline will need to be requested from the Medical Centre and signed by one of the First Aiders (BSACI form)

Following any anaphylactic episode all staff will meet to discuss what occurred, offer support to each other and look at how the emergency procedure worked and the procedure will be amended if necessary.

Appendix C – Asthma

Rugby Free Secondary School recognizes that Asthma is a common condition affecting children and young people and welcomes all pupils with Asthma to the school.

Asthma is a serious but controllable chronic disease affecting 1.4 million children within the UK and is one of the most common causes of absence from school and the most frequent medical condition which requires medication to be taken during the school day.

Asthma can vary in its severity and in presentation according to the individual and can occur at any time.

When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions cause the airways to become narrower and irritated - making it difficult to breath and leading to symptoms of asthma.

Asthma can be controlled by taking medication in the form of an inhaler. A reliever inhaler opens the airways and makes breathing easier. A preventer inhaler makes the airways less sensitive to irritants. **Immediate access to a reliever inhaler is essential.**

Types of inhaler

- Blue - Salbutamol (ventolin) - reliever inhaler **–** generally delivered via a volumatic spacer device (taken for the immediate relief of symptoms)
- Brown - Beclometasone **–** preventer inhaler (usually taken only in the morning and at bedtime

Pupils with asthma learn from their past experience of asthma attacks; they usually know what to do, nevertheless good communication is essential.

Triggers

- Grass and hay
- Pollen
- Animal fur
- Viral infections
- Cold, damp weather Exercise
- Emotion

- Smoke, pollution and dust

Signs of poor control are:

- Night time symptoms leading to exhaustion during the day and poor concentration Frequent daytime symptoms
- Using their reliever inhaler on more than two occasion in a week Time off school because of respiratory symptoms

New pupils

- Parents must inform us of their child's asthma on the Confidential Medical Questionnaire Form they complete when the student joins Rugby Free Secondary.
- If the condition develops later, the parents must notify us as soon as possible.
- The Medical Officer will discuss with parents the specific arrangements for their child and parents will be asked to provide a copy of their child's current Asthma Action Plan.
- A student with asthma should carry their inhaler with them at all times in school.
- Parents must provide The Visit Group Leader with a spare named inhaler for staff to take on residential visits. Parents are responsible for ensuring that inhalers are in date and replaced as necessary and have sufficient doses remaining. Should a parent wish to provide the School with a spare inhaler for in-school use, this will be kept in a named individual pouch in the First Aid room.
- A named photograph of any pupils with asthma is displayed on the Pupil Asthma List displayed in the Staff Room, First Aid room and the online staff intranet.
- All pupils on the Pupil Asthma List will have access to an emergency reliever inhaler if required.
- Regular training will be available to all staff in the recognition of an asthma attack and how to summon help in an emergency. All staff should familiarize themselves with the procedure for dealing with an asthma attack.
- Students with asthma are encouraged to take a full part in PE at Rugby Free Secondary School and PE staff will remind students who have exercise induced asthma to use their reliever inhaler before the commencement of the lesson and during it if needed.
- Specific arrangements should be made for after-school or weekend activities and for school visits.

Common signs of an asthma attack

- Coughing
- Shortness of breath Wheezing

- Feeling tight in the chest Being unusually quiet
- Difficulty speaking in full sentences

It should be noted that in atypical asthma no wheezing will be audible.

After a minor asthma attack

Minor attacks should not interrupt the involvement of a student with asthma in school.

When the student feels better they can return to school activities.

The parents/guardian must always be informed if their student has had an asthma attack.

Appendix D - Diabetes

Rugby Free Secondary School support students attending the school with type 1 diabetes and recognize that they need understanding, encouragement and support to ensure a sense of independence. Most students with diabetes have a good knowledge of their condition and can manage it well but good communication between the student and medical team is essential.

New students

When the student joins the school, the parents will complete a Confidential Medical Questionnaire informing us that their student is diabetic. The Medical Officer will then send an individual care plan for completion, unless the family already has an appropriate and up-to-date plan; in which case a copy will be requested. This will include details of the care to be given for hypoglycaemia (low blood glucose) and the emergency treatment that will be needed and instructions on when to call the emergency services. It is crucial to reinforce that parents are experts in the care of their child and should be involved from the outset. They are best positioned to indicate they are ready to share responsibilities with the school. Raising expectations of what is possible and keeping their student at the centre of everything is essential. Collaborative working between healthcare professionals, education staff and **the student's family will support the school in their day to day management of diabetes including** monitoring of the condition, **food, physical activity and the student's wellbeing.**

A copy of the individual care plan will be kept in the Medical Centre; spare equipment will be kept in a named box with a photograph in the diabetes cupboard in the Medical Centre, or in the fridge as **necessary. The student's name and photograph will be included on the Special Medical Needs Poster; a** copy of which is displayed in the Staff Room, Medical Room, online staff shared area.

Insulin

The student will know how to administer her insulin and will carry this with her during the normal school day. However, the school will support her and the Medical Officer will discuss with the parents all aspects **of the student's insulin and its administration. The school will provide facilities for the safe disposal of** needles.

The need for regular eating times is recognized by the school and appropriate arrangements will be made**. Diabetes management outside school will be the responsibility of the student's** consultant/diabetes specialist nurse (DSN) and the parent/guardian must inform the Medical Officers of **any change in the student's regime in writing, as soon** as they occur.

Day visits

The student will need to carry their insulin and blood glucose testing kit and snacks as usual and must plan

for the possibility of a delayed return. All staff will be advised of the necessary precautions and the **emergency procedures. The staff will collect the student's spare emergency kit and a copy of the** individual care plan detailing the emergency procedures, for use in the event of a hypoglycaemic episode. They will also carry spare fast acting glucose/snacks/juice boxes. The emergency kit must be returned to the Medical Centre immediately on return to school.

Residential and overnight visits

The parent will complete a detailed medical history form prior to departure which will include the details of insulin with current dosage and frequency. A risk assessment will be carried out and a meeting between the parents and Medical Officers will take place. The teacher organizing the visit will aim to ensure that there is refrigerated storage for the insulin. The student must be confident in the management of her diabetes with regard to dosage administration, monitoring control and the adjustment of dosage when necessary. A copy of the individual care plan and emergency procedures will be taken on the visit. When travelling by air, a letter will be written explaining the medical need for equipment to be carried on the plane **–** this is requested from the school office and signed by one of the Medical Officers**. In the event of loss or damage to the insulin, it will be the parents' responsibility to** provide where possible extra medication. However, where this is not possible or a delay will occur the visit leader should contact the paediatric department or Accident and Emergency department at the nearest hospital, who will be able to offer assistance.

If following a risk assessment it is felt by the parents and Medical Officers that the student is not able to manage their diabetes independently, then the requirement for a trained health professional to accompany the visit will be discussed.

PE

The school will ensure that PE staff are aware of the precautions necessary for a student with diabetes to take part in sporting activities and on the emergency procedures. PE staff will have a supply of fast acting glucose/snacks/juice boxes available for diabetic students when they are off site or at sporting events.

Background

Type 1 diabetes develops when the insulin-producing cells in the body are destroyed by the body's immune system; the body is unable to produce any insulin. It is a long-term medical condition. Insulin is the key that unlocks the door to the body's cells. Once the door is unlocked glucose can enter the cells where it is used as fuel. In Type 1 diabetes the body is unable to produce any insulin so there is no key to unlock the door and the glucose builds up in the blood. Nobody knows for sure why these insulin-producing cells have been destroyed, but the most likely cause is the body having an abnormal reaction to the cells. This may be triggered by a virus or other infection. Type 1 diabetes can develop at any age but usually appears before the age of 40, and especially in childhood. Type 1 diabetes accounts for between 5 and 15 per cent of all people with diabetes and is treated by daily insulin injections, a healthy diet and regular physical activity..

The main symptoms of undiagnosed diabetes can include:

- passing urine more often than usual, especially at night
- increased thirst
- extreme tiredness
- unexplained weight loss
- genital itching or regular episodes of thrush
- slow healing of cuts and wounds
- blurred vision

If you are concerned that a student is showing these symptoms, please contact the Medical Officers without delay.

Medication – Insulin

Insulin cannot be given orally as it will be digested. It is administered by either an Insulin pen, injection or by a pump. Insulin may be administered several times a day, so the student will carry their pen and blood glucose testing kit with them. Spare insulin will be kept in a labelled box in the fridge. It will be the responsibility of the student to be aware of their dosage of insulin. If there is a query during the school day either the parents will be contacted or the named diabetes specialist nurse if the parent is unavailable.

Insulin pump

This continually delivers insulin into the subcutaneous tissue

The device is worn attached to the student's waist. It helps maintain a more stable blood glucose level and as it is easy to vary the dose, gives students more freedom with diet and activity.

Using the maximum bolus and maximum basal facility settings can give added reassurance that too much insulin will not be delivered in error.

Each student who uses a pump must learn and be confident to carb count, to set/adjust the insulin dose delivery themselves according to their diet, activity and blood glucose levels. Staff and First Aiders will not be required to know how to carb count, calculate dosages or administer insulin via a pump.

General points

No diabetic student will be allowed leave the classroom alone or be left unattended if unwell and will always be accompanied to the First Aid Room

Privacy for blood glucose testing will always be available in the First Aid Room

Spare Glucometer

This is kept in the diabetic cupboard in the Medical Centre; is checked regularly and is available for use by any diabetic student

Glucagon emergency injection kit

When a student with Type 1 Diabetes joins the School, they must provide the Medical Centre with a spare Glucagon emergency injection kit. This is kept in the unlocked Medical Centre fridge and the expiry date is checked each term

Checklist for visits

Students/Parents/Carers	Staff
Hand gel	Copy of Individual care plan, visit medical consent form with full contact details of parent/guardian
Blood glucose testing kit and urine testing kit (if B/G testing does not include ketone testing)	School visit information Risk assessment Letter for airline
Insulin plus spare in case of loss/damage	Mini sharps box
Insulin pen and needles plus spares in case of loss/damage All insulin pump equipment if applicable	Quick reference flow-chart with photograph of student Spare insulin pump equipment if applicable
Fast acting glucose/carbohydrate snacks/juice boxes Extra food in case of a delayed return	Spare fast acting glucose/carbohydrate snacks/juice boxes
Cool bag for transportation of insulin Medical Alert bracelet	Ensure suitable refrigeration facilities are available at destination

Appendix E – Epilepsy

Rugby Free Secondary School recognizes that epilepsy is a common condition affecting children and young people and welcomes all students with epilepsy to the school. The school supports students with epilepsy in all aspects of school life and encourages them to achieve their full potential. We believe that every child with epilepsy has the right to participate fully in the curriculum and life of the school, including all outdoor activities and residential visits; assuming health and safety **considerations are met following a risk assessment. The school's aim is to meet all the educational** needs of the student, through discussions with the student, parents, head of section, the form teacher and the medical team.

Background

Epilepsy is the most common serious neurological condition. It affects about 1 in 200 children under 16 years and is currently defined as a tendency to have recurrent seizures. A seizure is caused by a sudden burst of excess electrical activity in the brain, causing a temporary disruption **in the normal message passing between brain cells. This disruption results in the brain's** message becoming halted or mixed up. It can be due to head trauma or secondary to drugs, toxins, stress, infections such as meningitis, or of no known cause.

The brain is responsible for all the functions of the body, so what is experience during a seizure will depend on where in the brain the epileptic activity begins and how widely and rapidly it spreads. For this reason, there are many different types of seizure and each person will experience epilepsy in a way that is unique to them. Seizures that affect the whole of the brain are known as generalized seizures and only part of the brain, are known as partial seizures. Generalized seizures usually result in a loss of consciousness, which may last seconds or several minutes. Partial seizures only partially affect consciousness.

Generalized seizures – Tonic-clonic

The tonic phase

The person loses consciousness and, if standing, will fall to the floor. Their body goes stiff because all their muscles contract. The eyes roll back and they may cry out because the muscles contract, forcing air out of their lungs. The breathing pattern changes, so there is less oxygen than normal in **the person's lungs; because of this, the blood circulating in their body is less oxygenated than** usual; causing the skin, particularly around the mouth and under the finger nails to appear blue in colour. This is called cyanosis. The person may bite their tongue and the inside of their cheeks.

The clonic phase

After the tonic phase has passed, the clonic phase of the seizure begins. The person's limbs jerk because their muscles tighten and relax in turn. The person may occasionally lose control of their bladder and/or bowels. It is not possible to stop the seizure; no attempts should be made to **control the person's movements, as this could cause injury to their limbs.**

After a tonic-clonic seizure

After a short time, the pe**rson's muscles relax and their body goes limp. Slowly they will regain** consciousness, but they may be groggy or confused. They will gradually return to normal but may not be able to remember anything for a while. It is usual to feel sleepy and have a headache and aching limbs. Recovery times can be different. Some people will quickly want to get back to what they were doing; other people will need a short sleep, whereas, some will need plenty of rest and will need to go home.

Post-ictal state

After a tonic-clonic seizure, some people may be very confused, tired or have memory loss. This is known as a post-ictal state.

Absence seizures (petit mal)

The person briefly loses consciousness (3-30 seconds); they may appear to be distracted or daydreaming and these seizures can occur up to 20 times a day; lasting only a few seconds. There may be a slight drop in muscle tone causing the person to drop something and there maybe frequent repetitive movements. In an undiagnosed child these are often mistaken for inattentiveness or daydreaming and their school work may deteriorate

Complex partial seizures

During these seizures, lasting 1-2 minutes, the person will have impaired consciousness and may do repetitive actions such as lip smacking, scratching, chewing, picking at clothing or rubbing an object. They are unable articulate their feelings. This may also be interpreted as inattentive behaviour. It is important not to restrain the person, as this may frighten them, but it is essential to keep them safe, by guiding them away from stairs or busy roads. When the seizure ends they may be confused and will require reassurance and monitoring until fully alert.

Triggers

Any of these may cause a seizure to occur:

- Excitement Tiredness
- Emotional stress Illness
- Fever
- Flickering lights

New students

When the student joins the school, the parents will complete a Confidential Medical Questionnaire and inform us that their student suffers from epilepsy. The Medical Officer will request a copy of the existing individual care plan; where no exists the parents will be sent an individual care plan for completion. This will include details of any known triggers, the care to be given in the event of a prolonged seizure and the emergency treatment that will be needed. Where emergency medication has been prescribed by a consultant neurologist, then the consultant must provide a complete and signed individual care plan for emergency medication to be administered in school.

We keep a record of all the medical details of student's with epilepsy and keep parents updated with any issues which may affect the student. We ensure that at least one member of staff who is trained

to administer emergency medication is in school during normal school hours. Advice about this condition is available to all staff. The student's name and photograph is included on The Medical Needs Poster; a copy of which is available in the Staff Room, First Aid Room and in the online staff intranet. The staff will be informed of any special requirements, such as the most suitable position for the student to sit within the classroom.

The epilepsy procedure applies equally within the school and for any activities off the school premises that are organized by the school. A risk assessment will be carried out for educational visits involving the student. If the student, parent, or member of staff or the medical team have any concerns these will be addressed at a meeting prior to any off-site activity involving the student taking place.

Emergency Medication

Named emergency medication, when prescribed is kept in the locked medicines cupboard in the First Aid Room and can only be given by the Medical Officer or a qualified first aider.

Appendix F – Wound Management Protocol & Procedure

WOUNDS

There are 4 categories of wounds:

Abrasions	A graze caused by friction, superficial and partial thickness
Cuts	A break in the skin caused by a sharp object e.g. knife, glass; easy to close
Lacerations	Caused by a blunt force; the skin has burst rather than been cut
Penetrating wounds	Usually unable to visualize the base. These wounds require examination in an Accident and Emergency Department. Cover wound with a temporary dry dressing and send student to hospital

Minor wounds do not require referral to an Accident & Emergency department but may require further assessment in a Minor Injuries Unit (MIU).

Exclude complications

Problems with exploration **–** excessive pain, unable to visualize all of the wound

Cleaning or closure of the wound **–** unable to remove all of the debris/harmful debris e.g. glass and/or difficult shape of wound

Concern about size or depth or site

Mechanism: human bite, animal bite or extreme violence

Cleaning

This reduces the risk of complications after closure

Place patient in a quiet place and appropriate position. Keep them comfortable and calm;

- maintain their dignity
- Use appropriate sterile field to protect patient, environment and yourself
- Wear protective gloves

Tap water	If drinking water is used there is no evidence to suggest that infection levels are increased. It is readily available and convenient for exploration and cleaning using tap pressure. Alternatively use boiled and cooled water. The infection rate remains 5-**--10% approximately**

	(Fernandez and Griffiths 2007)	
	Saline–Sodium Chloride 0.9%w/vPh.Eur	Non-irritant, no antiseptic effect

Wound cleaning procedure

Irrigate – using tap pressure or

20/50ml syringe preferably with a 19 gauge needle to increase pressure; hold at a 45 degree angle to wound. Squirt water using pressure to remove debris Use a gloved finger to explore wound or a gauze swab.

Irrigate until all debris is removed. Dry using gauze swab.

Steristrips	• Good for superficial wounds - cuts and lacerations • Painless, noninvasive • Excellent on frail skin. Can use tincture of Benz co as skin prep to help adhesion • Place steristrips 3mm apart • Place anchor strips either side of the wound

Dressings

Plasters	Range of sizes Short term solution Use until bleeding has stopped They do not allow the wound to breathe particularly well Be aware of students with latex allergy
Mepitel	Expensive Range of sizes Single layer can stay in place for up to 7 days Dry dressing required on top can be changed without disturbing the wound

Record all wound cleansing and dressings in daily diary along with student details and information about aftercare.

Ensure appropriate aftercare advice is discussed and recorded and where appropriate parents informed

Advise student when they should return for dressing check/change

Check Tetanus status of student

If necessary, provide parents with written instructions of what they need to look out for (list below) and when they should seek further immediate medical advice:

- If an increase in pain, swelling and redness is evident
- If any red lines are seen travelling away from the wound
- If there is an offensive smell coming from the dressing
- If the child develops a temperature or diarrhoea