First Aid Policy

Berkhamsted Prep and Pre-Prep
Berkhamsted Senior Schools & Sixth
Heatherton
Berkhamsted Day Nursery Ltd.
Berkhamsted School Enterprises Ltd.

Revision and Terminology: Please refer to the School's Policies Policy.

Policy owner:	Chief Operating Officer; Health & Safety Officer; Senior School Nurse
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Scope of this policy

1 Policy Statement

1.1 This is the First Aid Policy of Berkhamsted Schools Group (the **Group**) including Berkhamsted Day Nursery (the **Nursery**), referred to in this policy as the **Schools.**

1.2 The Schools ensure that practical arrangements are made at the point of need as follows:

1.2.1 On all campuses and sites there is a sufficient number of trained personnel, together with equipment and information available to ensure that someone competent in basic first aid techniques can rapidly attend an incident during normal working hours. Members of staff should assess any incident or injury within their capabilities.

1.2.2 A fully qualified first aider is always available in term time, during the school day[1], on each School campus to attend an incident. That may be a School Nurse or another trained first aider.

1.2.3 Appropriate first aid arrangements are made for staff and pupils engaged in fieldwork.

1.2.4 Appropriate first aid arrangements are made for staff and pupils on trips.

1.2.5 Ensuring at least one responsible adult is on the relevant school site when children are expected to be present. This may include staff based at the Sports Centres on the Kings and Castle Campuses.

1.2.6 Ensuring that there are sufficient appropriately stocked first aid boxes available for use at each School campus.

1.2.7 Ensuring that for Wraparound Care (which runs at Berkhamsted Prep, Berkhamsted Pre-Prep and Heatherton before and after the school day during term time) a fully and appropriately qualified first aider (i.e., a first aider holding a Paediatric First Aid certificate where required) is always available.

2 Responsibilities under the Policy

2.1 Individuals are responsible for:

2.1.1 Reporting accidents, injuries or near misses.

2.2 All Heads of Department and Heads of Houses, Trip Leaders, CCF and DoE are responsible for:

2.2.1 Ensuring first aid needs within their areas of operation are assessed and addressed.

2.2.2 Ensuring appropriate first aid cover is available for non-social activities that

[1] The school day varies between sites as follows: Berkhamsted Senior Schools & Sixth 0820-1630; Berkhamsted Prep 0820-1540; Heatherton Prep 0820-1540; Heatherton Pre-Prep 0820-1520; Berkhamsted Pre-Prep 0840-1520; Berkhamsted Day Nursery 0730-1800.

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take place outside the classroom.

2.3 The Health & Safety Officer, the Head of Facilities and Property, and the Health and Safety Representatives, are responsible for:

2.3.1 Ensuring that first aid requirements are met and addressed within their individual scope of operations.

2.4 The Senior Nurse or a School Nurse, or Heatherton and Pre-Prep Teaching Assistants with designated First Aid responsibility, in conjunction with the Health & Safety Officer and the Housekeeping Manager, is responsible for:

2.4.1 Organising provision, and replenishment of first aid equipment, due to expiry and/or use after accidents, as advised by the relevant First Aider in any designated area. Regular (usually termly) checks of First Aid equipment must be conducted.

2.4.2 Ensuring there is a First Aid Kit provided to every activity leader when they depart from Berkhamsted. For Pre-Prep the staff leading trips will organise the First Aid provisions in liaison with the Teaching Assistant for Pupil Welfare.

2.4.2.1 This includes all emergency medication for individual named students, Epipens, asthma inhalers, other medication as prescribed.

2.4.3 Ensuring information on obtaining first aid is made available and is updated.

2.4.4 Maintaining an accident record within the Group.

2.4.5 Informing parents/guardians of accidents to their children which require a hospital or doctor's visit, head injury, or any condition which needs to be monitored (except for in the EYFS settings - see 6 below).

2.4.6 Reporting accidents, injuries and near misses to HSE under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995).

2.4.7 Maintaining a register of qualified first aiders.

2.4.8 Providing an on-going first aid training programme for staff. (First aid training is renewed at least every three years. Nursing staff are engaged on a rolling training programme).

2.4.9 Informing the Chief People Officer of any first aid training undertaken.

2.5 First aiders are responsible for:

2.5.1 Responding promptly to calls for assistance.

2.5.2 Providing support within their competence.

2.5.3 Summoning further help, if necessary.

2.5.4 Reporting details to the Nursing staff (or Health & Safety Officer during School holidays) of treatment provided.

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3 Arrangements for Pupils with Particular Medical Conditions

3.1 The Medical Information Form is sent to all new parents via which they are requested to notify the Schools of their children's particular medical conditions or confirm there are none . For pupils with conditions such as epilepsy and diabetes, regular contact is maintained between appropriate School staff and parents. Care plans are sent to parents for completion to register their children with asthma, anaphylaxis and other illnesses where deemed appropriate.

3.2 Parents must update the School Nurse, or the Teaching Assistants with First Aid responsibility if a Heatherton/Pre-Prep child, with any change in a child's medical condition or treatment during the year.

3.3 For pupils in Reception and above, where a pupil has been prescribed an Epipen or alternative Adrenaline Auto Injector (AAI) device, the pupil is responsible for carrying their own Epipen, and parents must provide the School with a spare to be kept in an appropriate place. The spare is kept clearly labelled with the pupil's name and instructions for use. Two Epipens are required for pupils taking part in School trips. If a Consultant confirms that a child's allergy situation has changed such that they no longer need to carry an Epipen, then a child may discontinue carrying an Epipen. Epipens (or alternative AAI devices) can be administered by non-healthcare professionals such as family members, teachers and first-aid responders in an emergency.

3.4 Spare school owned AAIs may be used for the purpose of saving a life for a pupil or other person not known by the school to have been previously diagnosed with an allergy or anaphylaxis. This might be, for example, a pupil presenting for the first time with anaphylaxis due to a previously unrecognised allergy. These are considered exceptional circumstances and are permitted under a legal exemption under Regulation 238 (Human Medicines Regulations 2012, updated 2017).

3.5 The kitchen staff are given a list, (by the School nurses or Teaching Assistant for Pupil Welfare at Pre-Prep and Heatherton), of all children with food allergies at the start of the new academic year (together with photographs for those not in Senior School) and updated as things change. The parents must inform the Head of House, School Nurse or Teaching Assistant for Pupil Welfare where there are any changes during the school year.

3.6 Medical conditions are recorded on the School's management information system (ISAMS). Non-confidential conditions relevant to the potential need for First Aid care are accessible by all staff. New staff in each School are informed of where to find this information as part of their mandatory induction training. Staff must check written consent has been granted on ISAMS before administering medicines, except in the case of epipens. Training for any specific medical conditions is given to relevant staff by the School nurses or external specialists where appropriate. Staff must seek permission from a parent or guardian to administer non-prescription medicine and record this conversation in writing by emailing the nursing team. If parents cannot be contacted then an assessment of Gillick competence is undertaken and medicine may be administered.

3.7 Those taking pupils on visits must check iSAMS information and make the necessary arrangements to avoid relevant allergens and be aware of all medical conditions.

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4 Hygiene Procedures for Dealing with the Spillage of Bodily Fluids

4.1 All bodily fluids are to be cleaned up using a recognised emergency spillage compound (granules). Upon the discovery of such spillages, the School Housekeeping staff (if available) should be notified. Staff dealing with spillages should wear appropriate personal protective equipment such as gloves. Materials used for cleaning should not be reusable (i.e. paper towels rather than mops) and disposed of with clinical waste. Soiled clothing should never be rinsed but bagged to go home.

5 Summoning an Ambulance

5.1 The decision to call an emergency vehicle is made at the discretion of the first aider in charge. However, if there is any doubt about the safety of the injured party, 999 should be called immediately by the first staff member on the scene. The first aider in charge (or alternative staff member) must ensure that any child taken in an ambulance is accompanied by a member of staff (academic or support) or, if present, next of kin/parent. The First Aider will liaise with the School nurse or in his/her absence the relevant Head, Deputy Head or Head of House, one of whom will inform the relevant next of kin / parent.

6 Early Years Foundation Stage

6.1 All EYFS staff are first aid trained as part of their induction to the School, in addition to this newly qualified early years staff (with a full and relevant level 2 or level 3 childcare qualification) will have either a Full Paediatric First Aid (PFA) certificate or an Emergency PFA certificate before they can be included in adult: child ratios in the early years setting. At least one person with a current paediatric first aid certificate will be on the premises during School/Nursery hours and another on any trip. Certification requirements are for a minimum of 12 hours training.

6.2 All accidents, injuries and first aid treatment given must be recorded and parents informed on the same day or as soon as is reasonably practicable.

6.3 The Schools must notify local child protection agencies, as appropriate, of any serious accident or injury to, or the death of, any child whilst in their care and act on any advice given.

6.4 The Nursery must also notify Ofsted of any serious accident, illness or injury to, or death of, any child whilst in their care, and of the action taken in respect of it. Notification must be made as soon as is reasonably practicable, but in any event within 14 days of the incident occurring.

6.5 For children in Early Years, the School Nurse, Teaching Assistant for Pupil Welfare, or First Aid Coordinator, as applicable, will notify parents of the procedures in place for dealing with infectious diseases.

6.6 For children in Early Years written permission must be obtained from parents for

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individual medicines to be administered. Where non-prescription medicine is administered to a child, parents must be informed the same day or as soon as reasonably practicable.

7 Monitoring

7.1 This policy will be monitored by the Schools' Health & Safety Committee and the Chief Operating Officer. A list of trained first aiders is available to staff on the Hub.

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Appendix 1 – First Aid Flowcharts

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First Aid Procedures: Anaphylaxis

Signs/symptoms

- Witnessed or reported history of contact with allergen
- Life-threatening signs: loss of consciousness, stopping breathing, confusion, laboured breathing
- More subtle signs: persistent dry cough, clutching/scratching at throat, hives or rash that is visibly spreading, bright red face or signs of shock (pale, clammy, rapid shallow breathing, racing heart rate), vomiting, significant itchiness, facial swelling

Get help

- Any concern of anaphylaxis, call 999 for ambulance
- Phone Nursing Team for assistance
- Delegate a staff member to inform parent/guardian
- Pupils who are known to have anaphylaxis are expected to carry 2 adrenaline injectors with them at all times, and have an allergy action plan documented
- Familiarise yourself with locations of allergy emergency kits - list can be found on Medical Centre folder on the Hub

Actions

- Keep the person calm, seated or lying down, do not allow them to walk around
- Follow ambulance dispatcher advice for administering adrenaline (also see graphic on following page)
- If no improvement after 5 minutes, give second adrenaline dose
- Monitor the person closely for deterioration, follow CPR instructions if this becomes necessary

Documentation

- Make a note of the time of any adrenaline given to hand over to ambulance crew
- Nursing Team will document the event on iSAMS
- Complete accident form as soon as is practicable

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- Hold injector in dominant hand
- Thumb should be wrapped over fingers and not on top of the pen

- Use your other hand to remove the safety cap from the top of the injector

- Confidently and quickly direct the orange tip of the injector into the upper, outer thigh
- Clothes should be left in place unless very thick/puffy but avoid seams

- Hold the injector pen in place for 10 seconds

- Gently massage the injection site to allow the adrenaline to take effect

- Phone for an ambulance
- Keep the person calm, sitting or lying down, recheck and repeat after 5 minutes if necessary

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First Aid Procedures: Asthma

Signs/symptoms

- Noisy breathing with a high pitched whine (wheeze), feeling tight chested, persistent cough
- Difficulty taking full breaths or speaking in full sentences
- Leaning forward to open up their chest
- Pale skin
- Loss of consciousness, cessation of breathing, blue tinge to lips +/- skin is a medical emergency requiring an ambulance

Get help

- Consult pupil's asthma care plan if available
- Phone Nursing Team for advice and/or assistance
- Familiarise yourself with locations of asthma emergency kits - list can be found on Medical Centre folder on the Hub
- Delegate staff member to contact parents if symptoms indicate an emergency

Actions

- Encourage the pupil (if conscious and capable) to use their inhaler. Follow chart below for guidance on number of puffs
- Do not leave the pupil alone, keep them calm and sitting on the floor in a comfortable position, usually knees bent and drawn to chest, leaning forwards
- Call 999 for an ambulance with any severe symptoms or concerns they are deteriorating

Documentation

- Nursing team will document the event on iSAMS
- If asthma attack was precipitated by exposure to materials or allergens that pupil should not have been able to be exposed to, complete an accident form as early as practicable

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	Symptoms	Your Action:
Mild	If your child starts to cough, wheeze or has a tight chest but can continue day to day activities	Give 2-5 puffs blue (salbutamol) reliever inhaler every 4 hours until symptoms improve.
Moderate	If your child is: • Wheezing and breathless and blue (salbutamol) reliever inhaler 2-5 puffs is not lasting 4 hours • Having a cough or wheeze/tight chest during the day and night • Too breathless to run / play/ do normal activities	Contact GP /healthcare professional for advice and management. Increase blue (salbutamol) reliever inhaler 6-10 puffs every 4 hours
Severe	If your child is: • Too breathless to talk / eat or drink • Has blue lips • Having symptoms of cough/wheeze or breathlessness which are getting worse despite 10 puffs blue (salbutamol) inhaler every 4 hours • Confused and drowsy	Ring 999 for immediate help. **Give 10 puffs of blue (salbutamol) reliever inhaler every 10 minutes until ambulance arrives.** **Keep child in upright position and reassure them.**

Standard Technique for use of Spacer with Asthma Inhaler (pressurised metered dose device):

Choose appropriate sized spacer with mask (or mouthpiece if child is over 3 years with good technique and is not significantly short of breath)

1 Shake the inhaler well and remove cap.
2 Fit the inhaler into the opening at the end of the spacer.
3 Place mask over the child's face or mouthpiece in their mouth ensuring a good seal
4 Press the inhaler once and allow the child to take 5 slow breaths between each dose
5 Remove the inhaler and shake between every puff. Wait 1 minute between puffs.

Repeat steps 1 – 5 for subsequent doses

Plastic spacers should be washed before 1st use and every month as per manufacturer's guidelines

For videos on using your child's inhaler and spacer correctly see https://www.youtube.com/channel/UCoG5P3ALK31n7wrZQPRuWsQ

Healthier Together (NHS) 2017 available at: https://www.what0-18.nhs.uk/application/files/4716/2193/8145/CS45385_NHS_Patient_Asthma_Action_Plan_Oct_17.pdf

More asthma attack information can be found at: Asthma attack :: Hertfordshire and West Essex Healthier Together

https://www.what0-18.nhs.uk/application/files/4716/2193/8145/CS45385_NHS_Patient_Asthma_Action_Plan_Oct_17.pdf

https://www.hwehealthiertogether.nhs.uk/parentscarers/worried-your-child-unwell/asthma-attack

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First Aid Procedures: Head Injury

Signs/symptoms

- Witnessed or reported history of an impact to the head
- Severe signs: loss of consciousness, repeated vomiting, sudden and marked behaviour changes, excessive bleeding, signs of spinal injury eg inability to move or turn the head, visible skull fracture, unequal pupils
- Less severe signs: dizziness, dazed/stunned, slow to answer questions, pressure headache, nausea, visual disturbances, numbness/tingling of limbs (see Return2Play concussion e-learning for more information)

Get help

- Consider if an ambulance is needed: all severe signs listed above require immediate medical attention but could they be safe in private transport with parent/guardian?
- Phone Nursing Team who will organise assistance
- Delegate a staff member to informing the parent/guardian if an ambulance is called. Nursing staff will contact parents after an assessment for less severe signs of concussion

Actions

- **DO NOT MOVE THE INJURED PERSON IF YOU SUSPECT A SPINAL INJURY**
- Severe symptoms: keep them in a safe place while help arrives, under supervision
- If safe to take themselves to a medical centre but showing less severe signs of concussion, designate another pupil to accompany them

Documentation

- Complete Return2Play referral
- Complete accident form as soon as is practicable
- Nursing Team will document the event on iSAMS and inform Tutor and HoH

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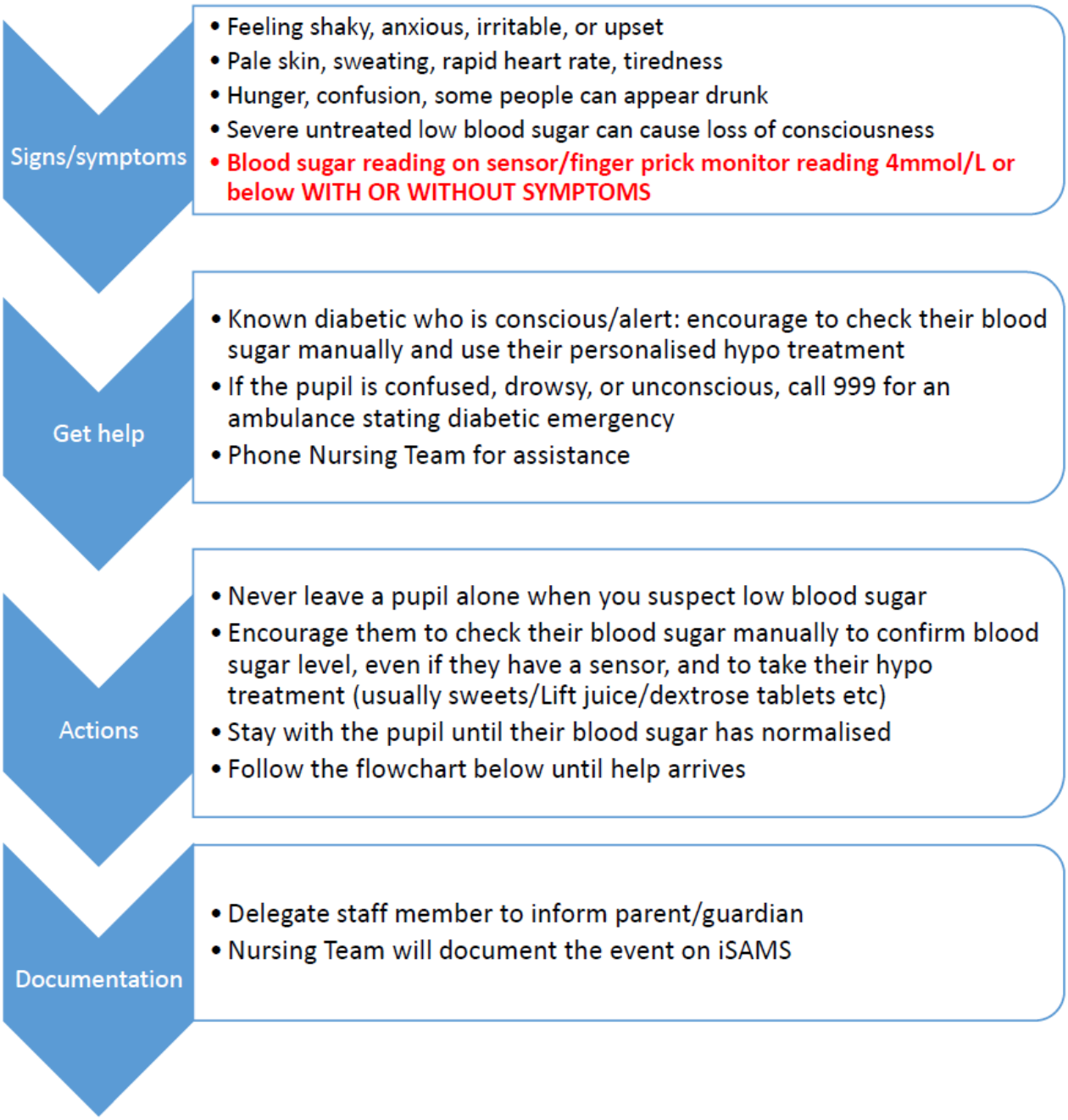
First Aid Procedures: Hypoglycaemia (low blood sugar)



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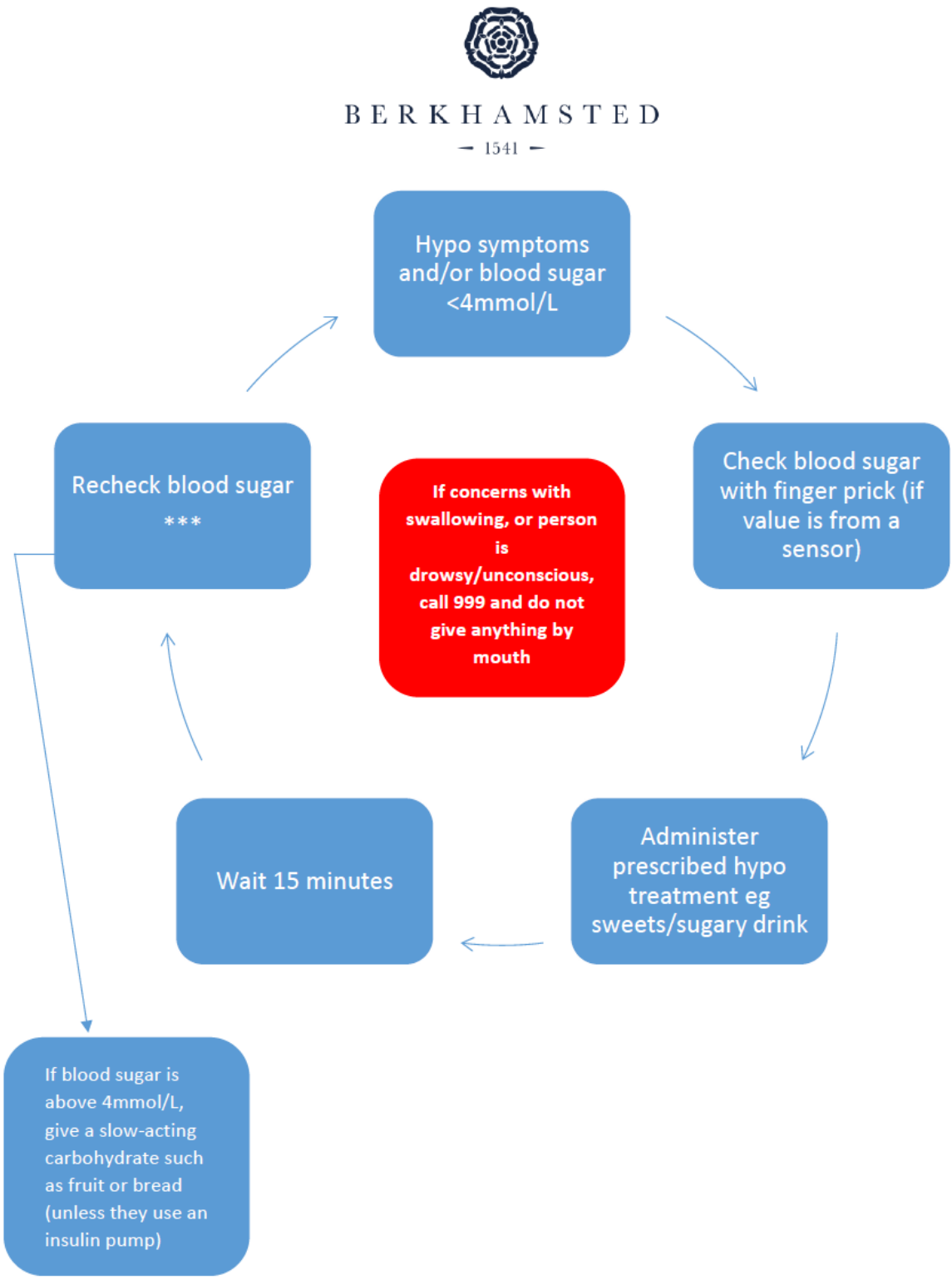

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First Aid Procedures: Injury of Concern

Signs/symptoms

- Obvious deformity/change in shape
- Bone protruding through skin *
- Excessive bleeding *
- Completely white skin below the injury *
- Loss of consciousness *
- Signs of shock: vomiting, much paler skin tone, rapid shallow breathing, racing heart rate
- Injuries marked with an * will require 999 and ambulance transfer to hospital - not suitable for private car transportation

Get help

- Consider if an ambulance is necessary (starred signs above are serious and require immediate attention)
- Inform Nursing Team via phone call who will organise assistance
- Use first aid trained staff for assistance
- Delegate a staff member to inform parent/guardian

Actions

- **DO NOT MOVE THE INJURED PERSON IF YOU ARE CONCERNED OF A NECK/SPINE INJURY**
- Keep them calm, still, and warm in a place of safety
- Follow first aid applicable to the situation eg apply pressure to stop bleeding, elevate the affected area
- Provide reassurance
- Reassess regularly and escalate if condition worsens

Documentation

- Complete an accident form with relevant information as soon as is practicable
- Nursing staff will document the event on iSAMS

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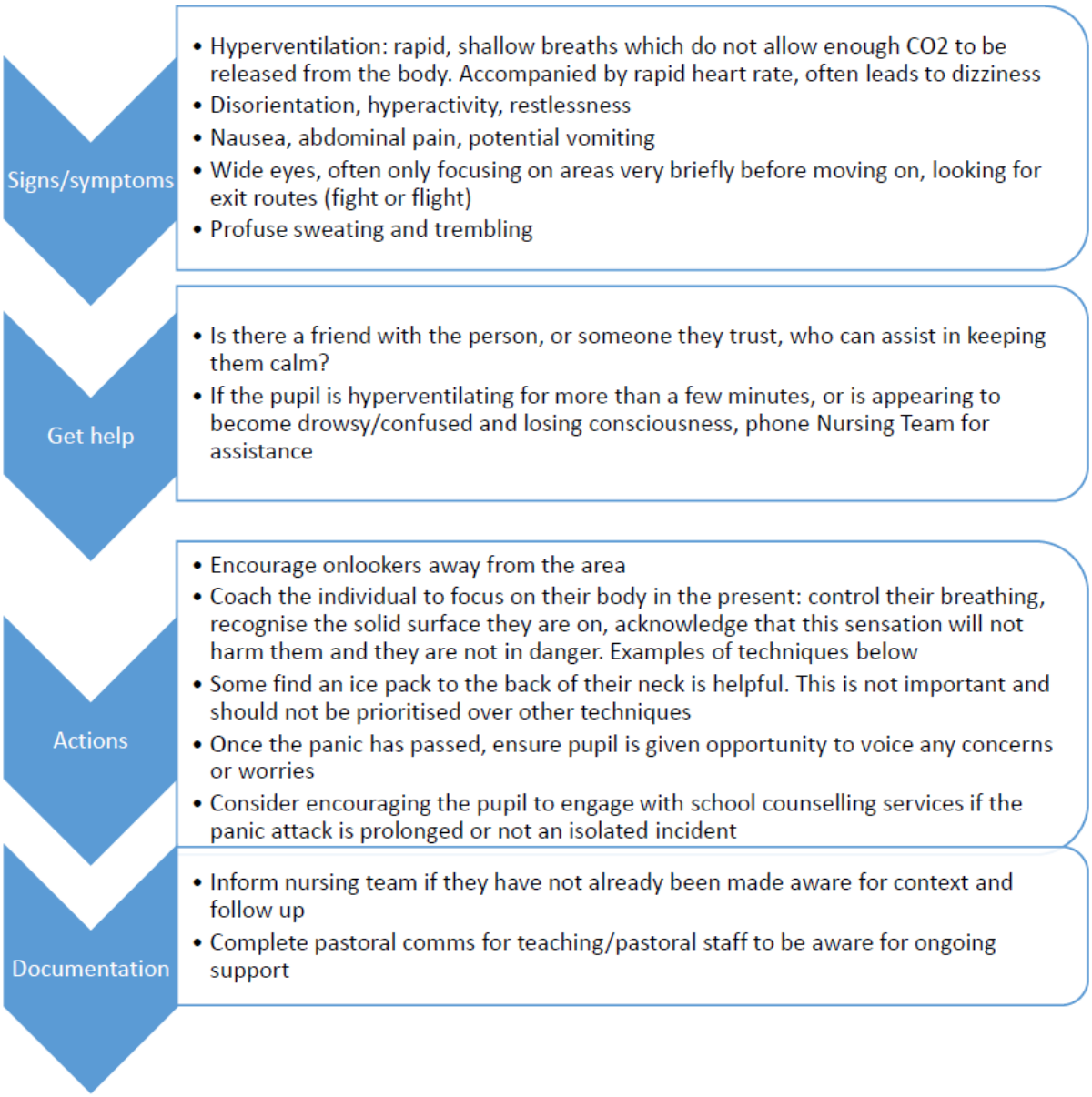
First Aid Procedures: Panic Attack



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Things you can try to coach the person through

Grounding techniques:

- Square breathing = breathe in for four seconds, hold your breath for four seconds, breathe out for four seconds, hold your breath for four seconds, repeat.
- Sensory focusing = name out loud five things you can see, four things you can touch, three things you can hear, two things you can smell, and one thing you can taste.

Distraction techniques:

- Distraction with categorising things, the alphabet game = choose a category such as pet names, cities, etc, and try to name something in that category for every letter of the alphabet
- Chat about things that may calm the person e.g. do they have pets, have they got enjoyable activities planned for the evening/weekend, do they know where they are going on holiday next

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First Aid Procedures: Seizures

Signs/symptoms

- Generalised Tonic/Clonic (previously known as Grand Mal): limb rigidity, eyes rolling back, unresponsive to stimuli, shaking, arching back, potential to stop breathing or breathe inadequately. Vary in length from 1-3 minutes and are usually self-limiting.
- Absence (previously known as Petit Mal): sudden dissociation from current activity/surroundings, "staring into space", may have upturned eyes/fluttering eyelids, unaware after recovery that anything happened. Short - less than 1 minute
- Focal (previously also considered Petit Mal or Partial Seizure): only one half of the brain is affected so the person may retain awareness of their surroundings but not have control over a part of their body, this can be distressing. Can include hallucinations, abnormal sensations, visual disturbance, or abnormal movements of one limb/side of the body. Most last less than 2 minutes.

Get help

- Those with known epilepsy: keep safe until seizure ends but call 999 if it lasts more than 5 minutes, they have multiple seizures sequentially, or they take longer than 10 minutes to regain full consciousness after the seizure ends.
- New unexpected seizures: call 999 for an ambulance regardless of the length of the seizure
- Phone Nursing Team for assistance

Actions

- Support them into a safe position/environment but do not force them to be still. Protect their head from injury with soft objects eg jacket/cushion, support on their side if possible to avoid airway obstruction
- **Follow flow chart below for clear guidance**
- Delegate staff member to contact parent/guardian

Documentation

- Take note of the length of the seizure and hand this over to parents and/or ambulance staff
- Nursing Team will document the event on iSAMS
- Pupils who have an epilepsy diagnosis should have a IHCP completed and saved on their health record on iSAMS for future reference

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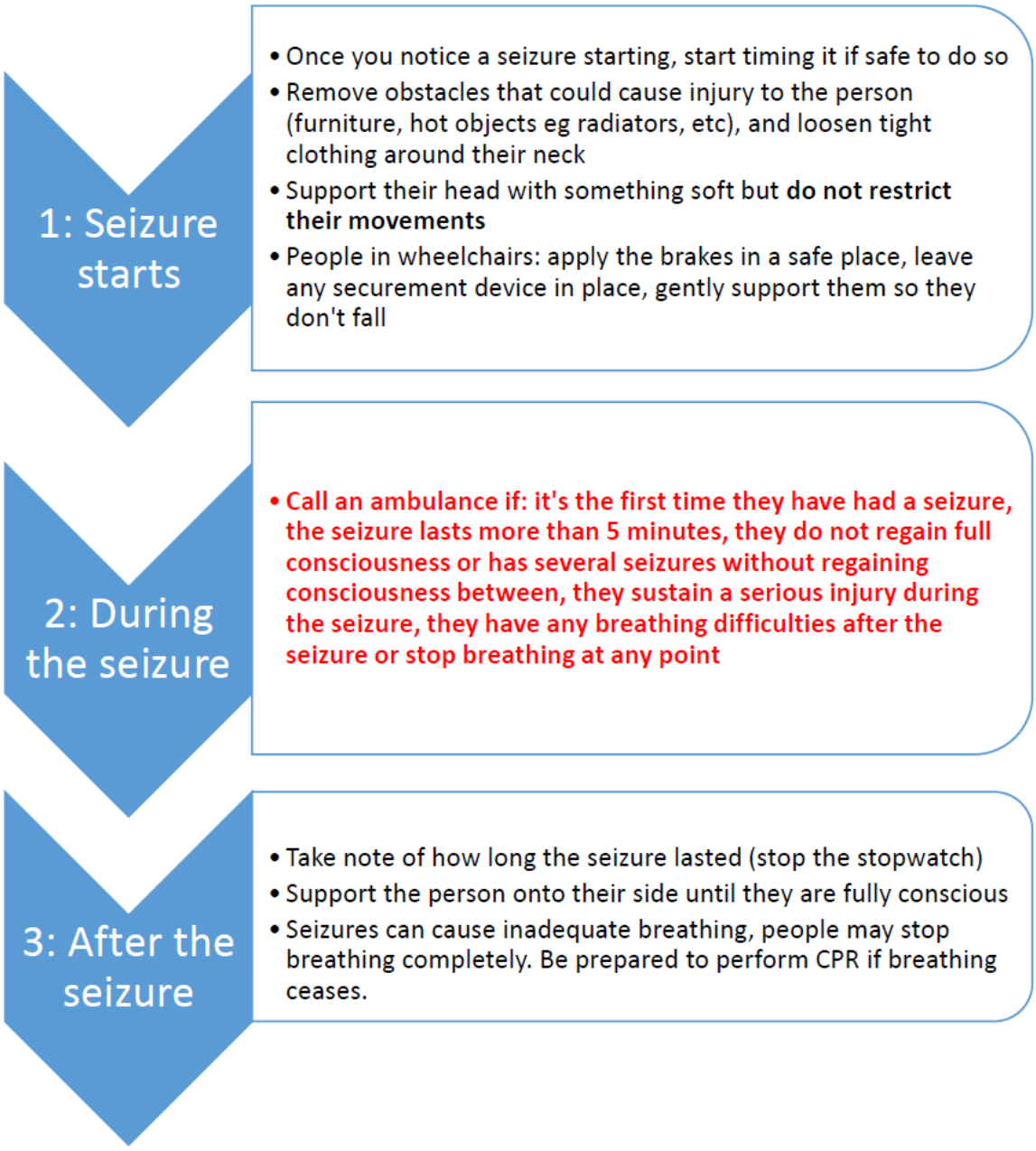

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