



First Aid Policy

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Introduction

It is the school's policy to provide first aid support to someone if they are injured or become unwell in school.

The primary medical care provider in the school is the Nurse who should always be the first point of contact. However, in the absence of the Nurse or if the Nurse requires additional support, First Aiders will be required to assist.

NB: First Aiders are not legally permitted to give any medication to students.

First aiders

TEA has a total of 22 Qualified First Aiders - SWE, JAH, OAI, GPC, SOA, GEA, KIG, DLA, ETG, ALO, ALV, RAS, DMO, BLD, KAA, MCP, PAM, KBA, WAM. VEA, SAM, JAK & 2 nurses who are able to recognise and manage any immediately life-threatening conditions. If the First Aider feels that further medical assistance is required, They will arrange for an ambulance to be called. All first aiders have attended an approved certified course in first aid. .

Equipment/First Aid Boxes

First Aid boxes can be located in key areas. The Nurse will replenish First Aid kits and check expiry dates at the start of the school year only. Staff are required to inform the nurse when items from the First Aid kit need replenishing.

Teaching staff are responsible for checking expiry dates on all items in first aid boxes throughout the year, staff must ensure that items are in date before using. The nurses room holds extra first aid stock if needed. Generic non first aid items can be purchased by all teaching staff.

First Aid boxes/bags located

- Admin area - 1
- Security - 1
- Science Labs - 9
- Art - 1
- PE - 1
- Clinic - 3
- Trips - 2

Information

All new staff are provided with information at induction on the location of the school clinic and who the qualified first aiders are. First aid notices naming the qualified first aiders are on display in the staffroom.



Updating

All first aid notices are regularly checked for accuracy and updated. Notices will need to be altered if a listed first aider leaves, moves location or does not renew their certificate. In these instances, a new first aider will be appointed.

Training

All first aiders have to attend an assessed training course in order to carry out first aid tasks. The training provider that we use for first aid is certified.

Summoning a First Aider

The primary contact for medical attention should be the school Nurse. Staff can contact the Nurse directly by calling extension 102 or the Receptionist on 100.

Giving First Aid

The Nurse or other Appointed first aider will assess the situation, provide help, request assistance from other first aiders if necessary, and stay with the casualty until they are recovered or make arrangements for further medical assistance as the circumstances dictate.

When giving first aid to those under the age of 18, that involves physical contact, the first aider should first explain what they need to do.

In the rare case that no first aiders are available, the casualty will be assisted to the nearest hospital.

NB: some basic first aid guidance is included in Appendix 1, for the most commonly occurring first aid situations from within the school environment.

Medical support

When an Appointed first aider believes that a casualty requires urgent medical treatment, the first aider will arrange for the casualty to be taken to the nearest hospital, including by ambulance if this is deemed necessary.

If the situation is not an emergency but the casualty does need to go to the hospital, school transport will be arranged, with the nurse or Appointed first aider attending.

Where appropriate or if asked by the casualty, our administration staff will contact their next of kin.

Spillages of body fluids

These must be dealt with by a qualified first aider or the cleaning staff. Spillages of blood, vomit, urine and excrement should be cleaned up promptly. The area should immediately be cleared and cordoned off and the first aider/cleaner should use the spillage kit (contact the cleaning team) to clean up. The first aider should wear protective gloves and the waste be cleared into the bag provided in the spillage kit.

Records

A record of all incidents, illnesses, and accidents should be reported to the Nurse who will record the entry & inform parents. If it is a serious injury or illness, a call will be placed by the administration team to the next of kin.



Appendix 1

Choking

Choking occurs when there is a partial or total blockage in the casualty's airway, this stops or seriously limits the casualty's ability to breathe. Choking needs to be dealt with incredibly quickly to stop brain damage and even death from occurring.

If the patient becomes blue, limp or unconscious, call 112 for an ambulance.

Signs and symptoms

- clutching the throat
- coughing, wheezing, gagging
- difficulty in breathing, speaking or swallowing
- making a whistling or 'crowing' noise, or no sound at all
- blue lips, face, earlobes, fingernails
- loss of consciousness

Treatment

1. Encourage the patient to relax. Ask the patient to cough to remove the object.
2. If coughing does not remove the blockage, call 112 for an ambulance.
3. Bend the patient well forward and give up to 5 sharp blows on the back between the shoulder blades with the heel of one hand. Check if the blockage has been removed after each blow.
4. If the blockage has not cleared after 5 back blows, give up to 5 abdominal thrusts. Check if the blockage has been removed after each thrust. If the blockage has not cleared after 5 thrusts, continue alternating 5 back blows with 5 abdominal thrusts until medical aid arrives.
5. If the patient becomes blue, limp or unconscious, follow DRSABCD - **DANGER, RESPONSE, SEND, AIRWAY, BREATHING, CPR, DEFIBRILLATOR.**

Anaphylactic shock

Anaphylactic shock occurs where an individual has a severe allergic reaction. Anaphylaxis is potentially life threatening. People diagnosed with severe allergies should have an anaphylaxis action plan and an adrenaline auto-injector. They may also wear a medical alert device (e.g. a bracelet). In severe allergy, use the EpiPen which is given by parents which is kept at the nurse clinic.

Signs and symptoms

The following signs and symptoms of a MILD TO MODERATE ALLERGIC REACTION may precede anaphylaxis:

- swelling of face and tongue
- hives, welts or body redness
- tingling mouth
- abdominal pain, vomiting, diarrhea

The main symptoms of a SEVERE ALLERGIC REACTION are rapidly developing breathing and circulation problems.

Other signs and symptoms may include:

- wheeze or persistent cough
- difficult or noisy breathing
- difficulty talking or a hoarse voice
- swelling or tightness in throat
- faintness, dizziness
- confusion



- loss of consciousness

Treatment

1. Ask the patient if they need assistance. Only help the patient if they request it.
2. Help the patient to lie down flat. If breathing is difficult, allow the patient to sit but not stand.
3. If the patient is carrying an adrenaline auto-injector, use it immediately. Ask the patient if they need your help to use the injector.
4. Call 112 for an ambulance.
5. Monitor the patient. If there is no improvement after 5 minutes, use another adrenaline auto-injector, if available.

HOW To Utilise an Auto-Injector

1. Take off the safety cap ,hold the patient's leg still and PLACE THE ORANGE END against the patient's outer mid-thigh (with or without clothing).
2. PUSH DOWN HARD until a click is heard or felt, and hold in place for 8-10 seconds, pull out slowly and massage the area.

Shock

Shock is the lack of body fluid going to vital organs (heart and brain) causing lack of oxygen. It can affect any casualty with any condition, including witnesses and the first aider themselves. It is a life threatening condition that must be managed correctly to avoid fatality.

Signs and symptoms

- Weak and rapid pulse
- Cold and clammy skin
- Rapid breathing
- Faintness or dizziness
- Nausea
- Thirsty
- Deteriorate rapidly
- Pale face, fingernails or lips

Immediately after injury there may be only a little evidence of shock. Signs and symptoms may gradually develop depending on:

- Severity of the injury
- Continuation of fluid loss
- Effectiveness of management

Treatment

1. Check airway and breathing and manage other severe injuries
2. Reassure the patient
3. Raise the patient's legs
 - a. Unless fractured or suffering from a snake bite, ensure the patient's legs are raised above the level of the heart and their head is flat on the floor.
4. Treat any wound or burn and immobilise fractures
5. Loosen tight clothing around neck, chest and waist
6. Maintain the patient's body warmth with a blanket or similar
 - a. Do not use any source of direct heat
7. Do not give anything to eat or drink
8. Monitor and record breathing, pulse and skin color at regular intervals
9. Place the patient in the recovery position
 - a. If there is difficulty breathing
 - b. If the patient becomes unconscious
 - c. If the patient is likely to vomit
 - d. If you have to leave the casualty unattended to get further help



Burns

Burns can be caused by lots of different mediums but treatment is always to cool the burn as quickly as possible to avoid further damage and permanent scarring and nerve damage.

WARNING

- Do not apply lotions, ointments, fat or ice to a burn.
- Do not touch the injured areas or burst any blisters.
- Do not remove anything sticking to the burn.

Signs and symptoms

Superficial burns the area is:

- red
- very painful
- blistered.

Deep burns the area is:

- mottled red and white
- dark red or pale yellow
- painful
- blistered, with a moist surface if the blister has broken.

Full thickness burns the area:

- is white or charred
- feels dry and leathery.

Because the nerves are destroyed, the pain will not be as great as in a superficial burn.

WHAT TO DO

If the patient's clothing is on fire:

1. Stop the patient from moving around.
2. Drop the patient to the ground and cover or wrap them in a blanket or similar, if available.
3. Roll the patient along the ground until the flames are extinguished.
4. Manage the burn.

For all burns

1. If the burn is severe or if it involves the airway, call 112 for an ambulance.
2. As soon as possible, hold the burnt area under cool running water for 20 minutes.
3. Remove any clothing and jewellery from the burnt area, unless they are stuck to the burn.
4. Cover the burn with a light, loose nonstick dressing, preferably clean, dry, non-fluffy material (e.g. plastic cling film).
5. Continue to check the patient for shock, and treat if necessary.
6. If the burn is larger than a thumbnail, or is deep, seek medical aid.

Asthma

Asthma is a condition which involves narrowing of the airways, which we use to pass oxygen in and out of the body. Asthmatics can suffer intermittent attacks of wheezing and shortness of breath that can vary in severity. Asthma can develop at any age, but is more likely to develop in childhood and can progress into adulthood. Some of the main triggers and causes for asthma are listed below:

An asthma emergency is potentially life- threatening.



Most people who suffer asthma attacks are aware of their asthma and should have an action plan and medication. They may wear a medical alert device.

In an emergency, or if a patient does not have their own reliever, use another person's reliever, or one from a first aid kit.

If the patient is having difficulty breathing but has not previously had an asthma attack, follow WHAT TO DO section

Signs and symptoms

Mild to moderate asthma attack

- increasingly soft to loud wheeze
- persistent cough
- minor to obvious difficulty breathing

Asthma emergency

- symptoms get worse very quickly
- little or no relief from inhaler
- severe shortness of breath, focused only on breathing
- unable to speak normally
- pallor, sweating
- progressively more anxious, subdued or panicky
- blue lips, face, earlobes, fingernails
- loss of consciousness

WHAT TO DO

1. Help the patient to sit down in a comfortable position leaning forward over a chair or desk
2. Reassure and stay with the patient.
3. If requested, help the patient to follow their action plan.

HOW TO GIVE MEDICATION

Use a spacer if available.

1. Give 4 separate puffs of blue/grey reliever puffer:
 - a. shake the inhaler
 - b. give 1 puff
 - c. take 4 breaths
 - d. repeat until 4 puffs have been given.
2. Call 112
3. Wait 4 minutes
4. If there is no improvement, give 4 more separate puffs of the blue inhaler
5. Keep giving 4 puffs every 4 minutes (as above) until medical aid arrives.

Epilepsy

Epilepsy is a **common disorder of the brain that causes repeated seizures**. It is sometimes called a seizure disorder. A seizure is a short change in normal brain activity. Seizures are the main sign of epilepsy. A person is diagnosed with epilepsy when they have had two or more seizures.



There are many types of seizures. Some seizures can look like staring spells. Other seizures cause a person to fall, shake, and lose awareness of what's going on around them.

A seizure can last from a few seconds to a few minutes.

First Aid for seizures

- Ease the person to the floor.
- Turn the person gently onto one side. This will help the person breathe.
- Clear the area around the person of anything hard or sharp. This can prevent injury.
- Put something soft and flat, like a folded jacket, under his or her head.
- Remove eyeglasses.
- Loosen ties or anything around the neck that may make it hard to breathe.
- Time the seizure. Call 112 if the seizure lasts longer than 5 minutes.

DO NOT

- Do not hold the person down or try to stop his or her movements.
- Do not put anything in the person's mouth. This can injure teeth or the jaw. A person having a seizure cannot swallow his or her tongue.
- Do not try to give mouth-to-mouth breaths (like CPR). People usually start breathing again on their own after a seizure.
- Do not offer the person water or food until he or she is fully alert.