



Stowe School First Aid Policy

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Stowe School First Aid Policy. Author RD Version 11.0 31 January 2017

Review 31 January 2018

Page 1

STOWE SCHOOL FIRST AID POLICY

1.0 Introduction

In accordance with the Health and Safety (First Aid at Work) Regulations 1981 (Amended 2013) the School will undertake a Risk Assessment, to outline the provision of first aid on site. For the purpose of this policy, first aid is defined as the help that is given to an injured person until professional medical treatment is available. It can save lives and prevent minor injuries becoming major injuries.

1.1 Responsibility

The Governing Body and Executive Management Team of Stowe School are responsible for site wide safety and that responsibility includes arrangements for first aid, based on an assessment of the risks presented by activities across the School site and, where pupils or staff are involved, outside the site. Specifically, the School has a duty to provide staff, visitors and pupils with the following information:

- The number and locations of First Aiders.
- The number and locations of first aid boxes.
- Arrangements for dealing with first aid incidents.
- Arrangements for dealing with emergencies.
- Arrangements for off site activities and trips.
- Night time support both in and out of term time.

1.2 Risk Assessment

A first aid risk assessment has been undertaken for the School. This identifies:

- The potential hazards on the School site (activities which take place)
- People who may need assistance (pupils, staff members or the public)
- First aid provision, training levels, staff numbers, equipment (first aid boxes and location).
- The remoteness/location of the School and the problems with the large/split site layout
- Hours that the School is occupied/events taking place on site
- Access of the emergency services

The risk assessment will be updated annually or sooner if required.

2.0 First Aiders

The Director of Operations is responsible for ensuring that an adequate number of qualified First Aiders is available across the site. A First Aider is an individual who has completed a course of training in first aid at work.. From October 2009 the training requirements in accordance with the Health and Safety (First Aid) Regulations 1981 are:

- **First Aid at Work (FAW)** delivered by an approved first aid training provider/organisation. The training consists of 3 days' training with continuous assessments to achieve the 3 year qualification. This is overseen by OFQAL.
- **Emergency First Aid at Work (EFAW)** delivered over a minimum of 6 hours contact time. The continual assessment throughout the training session will lead the successful candidates to hold a 3 year certificate.

Although under the updated regulations 2015 the HSE no longer oversee the first aid training criteria the School will still follow the advice and apply 'best practice' by following their standards and holding regular refresher training for all staff. This will be delivered by an approved trainer, with training records in place as evidence.

First Aiders are responsible for:

- Responding to first aid situations, including emergencies and common illnesses and injuries.
- Calling the Emergency Services and/or the Medical Centre, getting further first aid assistance, informing the Security Cabin if an ambulance is arriving on site.
- Looking after and restocking the first aid box that they have been assigned.
- Documenting any first aid care that they give.
- Carrying out first aid treatment within the training they have received.
- Maintaining their training, proficiency and competencies.

2.1 Appointed Person

There may be occasion when a FAW First Aider is not available or when a risk assessment determines that one is not required. In these circumstances a group organiser is required to appoint a responsible person, who will be responsible for calling an ambulance should an accident occur. An appointed person is an individual who has not undertaken first aid training; . They are not First Aiders and should not give treatment for which they have not been trained.

Appointed persons are responsible for:

- Responding to first aid situations, including emergencies and common illnesses and injuries.
- Calling the Emergency Services and/or the Medical Centre, getting further first aid assistance, informing the Security Cabin if an ambulance is arriving on site.
- Looking after and restocking the first aid box that they have been assigned.
- Maintaining their training and competencies.

2.2 Names of First Aiders at Work

The HSE advises that one First Aider should be provided for every 50 employees, this will also be considered when undertaking the School's first aid risk assessment. Current Qualified First Aid at Work (FAW) and Emergency First Aid at Work (EFAW) Staff are listed on the School telephone list. An up to date list of first aiders will also be emailed to key staff and held with the Medical Centre, Security Cabin and North Hall reception. The School's Apollo system will also indicate staff who have a current first aid qualification.

3.0 First Aid Boxes

The requirement to hold a first aid box in an area or a department will be determined by risk assessment; this will include the nature of the activity and staff in the area who are trained to use the equipment.

First Aid boxes should be stocked with the minimum contents as outlined by the HSE, this is covered in the list below. The boxes will only contain equipment that staff have been trained to use, and relate to the activity taking place. Items may be added according to the first aid needs, where a risk assessment has been completed. No medication should be held in a first aid box and only trained staff/Medical

Centre staff should administer emergency medicine. This training can be delivered by the Medical Centre staff to others as requested.

First Aiders are responsible for replenishing the first aid boxes. Staff should email RD with a list of replacements as required. Where contents have been used there must be a record stating such, there should also be an accident report form to record the injury. Boxes will contain:

Contents of First Aid box (on site)

1 First Aid Guidance sheet
1 Clinical waste bag
2 Eye dressings
4 Medium dressings
2 Large dressings
30 Plasters
20 Antiseptic wipes
4 Triangular bandages
4 Eye wash
6 Safety pins
1 Foil blanket
1 Resuscitation Aid
2 Pairs protective gloves

Contents of First Aid box 1 (off site trips)

1 First Aid Guidance sheet
1 Pack of vomit bags/ 1 Clinical waste bag
2 Eye dressings
4 Medium dressings
2 Large dressings
30 Plasters
20 Antiseptic wipes
4 Triangular bandages
4 Eye wash
6 Safety pins
1 Foil blanket
1 Resuscitation Aid
2 Pairs protective gloves
1 Disposable ice-pack

Sports first aid kits may be stocked with different equipment more specific to the needs of the event, however no medication or sports injury relief sprays or creams will be in the kits.

3.1 First Aid Box Locations

First aid boxes are located around the site in accordance with departmental risk assessments. These should be easy to see and located in the department/area. The Medical Centre holds sports/trips first aid boxes that can be taken off site by first aid trained staff. First Aiders should have their own bag assigned to them. Individuals requesting a box must do so 48 hours before it is needed. These will be signed out, and returned as soon as possible from trip. Many of the Sports Department have been supplied with their own first aid kits, for which they are responsible for checking.

3.2 Responsibility

It is the responsibility of the nominated person and/or the qualified First Aider in that area to ensure that the box is kept stocked and that all stock is sterile where appropriate and in date. Stores can be collected from RD when required. First Aiders should ensure that boxes are checked at least once every term.

4.0 Signs and Information

The School has a responsibility under HSE legislation to ensure that pupils, employees and visitors are aware of the location of first aid boxes and First Aiders. First aid boxes and signage should be green and white complying with the Health and Safety at Work (Signs and Signals) Regulations 1996.

Each department must display a HSE approved sign stating the location and name of the nearest First Aider. This should be displayed in a prominent place to ensure maximum visibility.

Additionally all first aid boxes should be clearly labelled and easily accessed, if the location of the box is not clearly visible then an additional sign, for example on the cupboard door, is required.

5.0 Procedures

5.1 In School (term time)

- If a situation is thought to be life threatening or very serious then an ambulance must be called immediately. In these cases '999' (plus 9 for an outside line) should be called. It is also important that the Medical Centre (8210) and Security Cabin (8228) (Channel 1 on the Schools radio system) are also informed appropriately (see appendix 1 for further medical procedures) this may be done by other staff, or by the person making the 999 call. Where relevant, the Matron for the injured/sick pupil will also be called to attend the scene, this may be through the Medical Centre staff, or by contacting the School Reception (0) internal (external 01280 818000).
- Any pupil complaining of illness should be sent to the School's Medical Centre where they will be seen by the Medical Officer or Medical Centre Nurse.
- First Aiders will deal with minor injuries within their personal competency, referring the injured person for primary care provision if necessary. More serious injuries should be referred to the Medical Centre. The Medical Centre is open during term time only.
- The School recommends that, unless it cannot possibly be avoided, no member of staff should administer first aid without a witness (preferably another member of staff). This does not apply to the Medical Centre staff.
- No member of staff or volunteer should administer first aid unless he or she has received HSE approved training, and that training is in date.

5.2 Out of School

- A member of staff should take a mobile phone with them on every School trip and check the nominal role of pupils for any known conditions that require regular medication. In particular, accompanying adults should check that any asthma sufferers have their inhalers with them and any diabetic pupils have the relevant medication. It is also important that any medication (adrenaline devices) are carried by the member of staff, this requirement should form part of the offsite risk assessment. Where possible the pupil should also carry a spare and, where the need is identified, staff must have received training from the Medical Centre to administer the required medication.
- A risk assessment must be carried out prior to departure and cleared with the member of staff responsible for off site activities (currently Michael Righton); emergency procedures must be part of this risk assessment.
- If a serious injury occurs during an offsite visit or away Sports fixture, the offsite activities major incident plan should be put into action,. The attending member of staff should immediately inform the School(Medical Centre) of the situation, and if there is any doubt of the injury, whether they have been seen by a First Aider or not, if the symptoms indicate a potential implication to the injured party, they must attend the nearest Accident and Emergency Department for clarification. The Medical Centre will also give this advice. If members of staff have any doubts, they must take the pupil(s) to A&E without delay keeping the Medical Centre and the Housemaster/ Matron informed at every step. The procedures have been laid down in the School Off-Site Visits Policy.

5.3 Emergency Situations

An emergency situation is determined by the person who is first on scene. The First Aider could then down-grade the incident once they have assessed the situation. During School term the procedure outlined below should be followed:

- Emergency situation is identified. Call a First Aider (0 for reception or 8228 for Security (or Channel 1 on the School radio system).
- Ambulance is called to site (to get them on the way, due to our location, takes some time and they can be asked to stand down) (9) 999.
- ***During term time only the Medical Centre is notified (01280 818210) - member of MC staff will attend the scene if possible (where there is only one nurse on duty another member of School staff will have to go to the MC to relieve a nurse first before they can leave the building, this applies when there are inpatients).***
- Security cabin must be notified that the Emergency Services are attending site to assist with direction to the exact location. The Security Cabin should then notify North Hall reception, and also the Medical Centre to ensure that they have received a call as above.

Some examples of the action to take in an emergency have been outlined in Appendix 1. Reception and Security Protocol is outlined in Appendix 3

5.4 Calling an Ambulance

If an ambulance needs to be called, it is the attending member of staff or First Aider's responsibility to ensure that this is actioned without delay, and that the Security Cabin and the Medical Centre has been called /informed so that they can also take action/attend the location.

From the internal School phone system you must dial (9) for an outside line then 999 and state:

Ambulance required at
Stowe School
Stowe
Buckingham
Buckinghamshire
MK18 5EH
01280 818000

- Exact location within the site of the person needing help.
- Caller's own name, and contact details
- Name of the person needing help.
- A brief description of the person's symptoms (and any known medical condition).
- Inform ambulance control of the best entrance and state that the crew will be met at this entrance and taken to the pupil.
- Don't hang up until the information has been repeated back to you.

If you are making a call from a mobile phone – be aware that you will be asked for your mobile phone number.

Air ambulance co-ordinates: (George 1 statue)

OS Grid Reference: SP6743737502
OS Grid Coordinates: 467437, 237502
Latitude/Longitude: 52.0318, -1.0184

Once an ambulance has been called, the Security Cabin staff **must** be informed and clear directions given to the scene of the incident. If necessary, a person should be nominated to attend the Security Cabin to await the ambulance and guide it to the scene. When the air ambulance is dispatched to the School a member of the Security team will be asked to meet it, making the area safe for it to land.

The First Aider must not leave the casualty; it is their responsibility to stay with the casualty until they are safely aboard the ambulance, or a Matron has taken over. They should have the necessary information available to brief the ambulance crew on the circumstances of the incident, any treatment given and any pre-existing medical conditions of which the ambulance crew should be aware.

If an ambulance is called for a pupil or member of staff someone from the School must accompany the patient. Arrangements must be made for Parents to be called if a pupil is taken to hospital by ambulance. The Medical Centre and/or a member of the House Team will arrange this.

If an ambulance is called for a member of staff, the First Aider or a designated member of staff will accompany them to hospital. The next of kin will be contacted by the appropriate member of the Executive Management Team or Human Resources. The Health, Safety and Compliance Manager **must** be informed by telephone immediately if an ambulance is called to site for a member of staff.

5.5 Competencies and Protocols

At all times, First Aiders must operate within their own scope of competencies and should not attempt any skills with which they are not trained or confident. All staff who administer first aid must be within the 3 year qualification period.

First Aiders must identify themselves to the patient and verbally explain that they are able to treat them. From April 2013, it has been necessary for First Aiders to request consent from the injured party before treating them. Where the casualty is unconscious First Aiders will use implied consent to treat a casualty. This requirement will be outlined in the First Aiders' training.

6.0 Documentation

6.1 Introduction

It is imperative that accurate documentation of any first aid treatment is recorded. First Aiders must ensure that the following information is recorded for any incident:

- Name of casualty.
- Time and date.
- Presenting complaint/injury.
- Treatment given/offered.
- Any observations taken about the incident/area.
- Any follow up advice (sent to Medical Centre) /referral to outside agency.

7.0 Health and Safety

7.1 Introduction

A number of risks are inherent to all those involved in dispensing first aid. All staff must take precautions to avoid infection and must follow basic universal hygiene procedures. Single-use disposable gloves are provided within first aid boxes. Additionally First Aiders should ensure that they have access to hand washing facilities both before and after attending to the first aid situation.

7.2 Blood Born Virus

The School has a duty of care to all employees to protect them against risks involved from their work activity. It is important that the School first aid risk assessment contains control measures to protect staff from blood born virus. When dealing with a casualty the First Aiders must wear protective rubber gloves (provided in the first aid kits). This will give increased protection against direct contact with bodily fluids/blood. As an additional precaution any open wounds should also be covered.

If blood or bodily fluids have been spilt on the floor then staff should wear gloves and clean the area using paper towels and a disinfectant solution. The waste towels should be placed in the yellow 'Bio Hazard' bags (also in the first aid kits) and then placed in the yellow waste bins located at the Medical Centre. If there is a risk of contact with clothes during this process then disposable aprons should also be worn. Any soiled dressings or materials used to clean an open wound should also be disposed of in the yellow hazard bags.

After the clearing up process First Aiders should always wash their hands, this is good practice even if there has not been any contact with bodily fluids or blood.

If the First Aider is at all concerned about cross infection after dealing with a casualty then they should seek advice from the Medical Centre staff. Such incidents must be reported to the Health, Safety and Compliance Manager as a near miss incident. Further information on BBV is available in the School Equality Plan.

7.3 COSHH

The School operates under the guidance of the Control of Substances Hazardous to Health Regulations (2013) and must ensure that the correct procedures are maintained. All staff will work within Universal Safety Precautions while administering first aid, for the protection of themselves and the pupil, as outlined above.

All clinical waste will be disposed of through the correct routes; this includes items used out in the field by First Aiders and soiled equipment used by the Medical Centre. Yellow bio-hazard bags are available in all first aid boxes. 'Sharps' boxes are available for the disposal of sharp medical equipment (needles) used by the Medical Centre.

8.0 Accidents

8.1 Introduction

Under the direction of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) (1995) amended 2012, certain types of accidents must be reported to the HSE. The employer must keep a record of any reportable injury, disease or dangerous occurrence. This must include:

- Date

- Time
- Personal details of person affected
- Location of accident
- Nature of event
- Treatment required

8.2 Reporting

The following incidents must be reported to the Health, Safety and Compliance Manager, by the First Aider attending the incident or the member of staff who is in charge of the lesson or activity (including Sports) or the Housemaster/Matron if the incident occurs in House time:

- Where first aid has been administered or the Stoic/member of staff has been sent to the Medical Centre, due to injury.
- An accident that is the result of any School activity where a Stoic is injured.
- An accident that occurs because of the way in which a School activity has been organised or managed.
- An accident that is the result of equipment/machinery failure or exposure to substances subject to COSHH regulations.
- An accident that occurs because of the design or condition of the School premises.
- Any physical assault that requires first aid treatment.
- Any casualty that is referred to/taken to hospital after the event by ambulance/Matron/member of Medical Centre staff.

All accidents no matter how small must be recorded and documented. This also applies for near miss events that must be monitored as part of the School's Health and Safety Management System.

The Health, Safety and Compliance Manager **must** report the following incidents to the HSE:

- Death
- Major Injury
- Reportable over 7 day injuries within a 15 day period from the day of injury
- Reportable Dangerous Diseases

Examples of Major injury are:

- Fracture, other than to fingers, thumbs and toes;
- Amputation;
- Dislocation of the shoulder, hip, knee or spine;
- Loss of sight (temporary or permanent);
- Chemical or hot metal burn to the eye or any penetrating injury to the eye;
- Injury resulting from an electric shock or electrical burn leading to unconsciousness, or requiring resuscitation or admittance to hospital for more than 24 hours;
- Any other injury: leading to hypothermia, heat-induced illness or unconsciousness; or requiring resuscitation; or requiring admittance to hospital for more than 24 hours;
- Unconsciousness caused by asphyxia or exposure to harmful substance or biological agent;
- Acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin;

- Acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.
- Accidents resulting in death or major injury (including as a result of physical violence).
- Accidents which prevent the injured person from doing their normal work for more than 7 days.
- Accidents where a member of public is taken off site to hospital in an ambulance.

The HSE must be notified of fatal and major injuries and dangerous occurrences without delay (within 24 hours via the HSE website or by telephone). This action will be undertaken by the Health, Safety and Compliance Manager. This notification must be followed up within 10 days with a written report on Form 2508, which is the required time of notification for all other reportable injuries.

The Headmaster will be notified of all HSE reported incidents/accidents; this includes any RIDDOR reportable accidents that involve contractors on site.

The Head of Estate Management must be notified of all accidents reported to the School involving contractors working on site.

The Medical Centre and/or the House Teams are responsible for contacting parents/guardians to make them aware of any first aid required or injury sustained by Stoics.

Accident statistics will be shown to the Governing Body and the Health and Safety Committee in a written report, at least every term.

8.3 Responsibility/Monitoring and Review

It is the responsibility of the attending First Aider, member of staff in charge of the activity when the injury occurred (trips, sporting events) Housemaster or Matron (if the accident happens in the Boarding House) to ensure that the correct documentation is filled out. If in doubt the Health, Safety and Compliance Manager should be notified for advice on reporting and the correct forms to be used. Accident, incident and near miss forms are available electronically on the H & S page of the VLE.

The Director of Operations has overall responsibility for the maintenance of accident forms and should ensure that all First Aiders have adequate training. The Director of Operations holds accountability as the Responsible Manager to fulfil the obligations of this title.

Accident reports/statistics will be made available to the Headmaster and the Governing Body through written reports. The Headmaster will be made aware of all RIDDOR incidents/accidents as soon as they are reported.

This document will be reviewed annually by the Director of Operations and other relevant staff members. The policy and any subsequent changes will be made available to all Stowe School staff.

Anaphylaxis

Anaphylaxis is a severe and potentially life-threatening allergic reaction at the extreme end of the allergic spectrum. Anaphylaxis may occur within minutes of exposure to the allergen, although sometimes it can take hours. It can be life-threatening if not treated quickly with adrenaline.

Any allergic reaction, including anaphylaxis, occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it perceives as a threat.

Anaphylaxis can be accompanied by shock (known as anaphylactic shock): this is the most extreme form of an allergic reaction.

Common triggers of anaphylaxis include:

- Peanuts and tree nuts – peanut allergy and tree nut allergy frequently cause severe reactions and for that reason have received widespread publicity
- Other foods (e.g. dairy products, egg, fish, shellfish and soya)
- Insect stings (bees, wasps, hornets)
- Latex (gloves and PPE)
- Drugs (illegal and prescription)

Anaphylaxis has a whole range of symptoms. Any of the following may be present, although most people with anaphylaxis would not necessarily experience all of these:

- Generalised flushing of the skin anywhere on the body
- Nettle rash (hives) anywhere on the body
- Difficulty in swallowing or speaking
- Swelling of throat and mouth
- Alterations in heart rate
- Severe asthma symptoms (see asthma section for more details)
- Abdominal pain, nausea and vomiting
- Sense of impending doom
- Sudden feeling of weakness (due to a drop in blood pressure)
- Collapse and unconsciousness



When symptoms are those of anaphylactic shock the position of the pupil is very important because anaphylactic shock involves a fall in blood pressure.

- If the patient is feeling faint or weak, looking pale, or beginning to go floppy, lay them down with their legs raised. **They should not stand up.**
- If there are also signs of vomiting, lay them on their side to avoid choking.
- If they are having difficulty breathing caused by asthma symptoms and/or by swelling of the airways, they are likely to feel more comfortable sitting up.

Action to take:

(Ask other staff to assist, particularly with making phone calls, one person must take charge and ensure that the following is undertaken)

- Ring (9) 999 immediately to get the ambulance on the way.
- Ring the Medical Centre (MC) – state what has happened so that they can assess the situation and bring the appropriate medication to the location. Please note that the MC staff may not be able to attend immediately, and there should be no delay in using the person's medication. Locate the nearest first aider to come and assist.
- Use the person's adrenaline device*, or the one located in the Catering Department or within their House.
- Ring the pupil's Matron.
- Ensure that the Security Cabin is aware that an ambulance is coming onto site.
- Stay in the immediate area to assist the MC staff and/or direct the Emergency Services
- Ensure that accident forms are filled out if applicable.

Asthma

What is Asthma?

Asthma is a long-term medical condition that affects the airways – the small tubes that carry air in and out of the lungs. Children and young people with asthma have airways that are almost always red and sensitive (inflamed). Asthma triggers then irritate these airways, causing them to react.

When a child or young person with asthma comes into contact with an asthma trigger, the muscles around the walls of the airways tighten so that the airways become narrower. The lining of the airways becomes inflamed and starts to swell. Often sticky mucus or phlegm is produced.

These reactions lead to the symptoms of asthma.

Signs and Symptoms:

- Coughing
- Shortness of breath
- Wheezing
- Tightness in the chest
- Being unusually quiet
- Difficulty speaking in full sentences
- Sometimes younger children will express feeling tight in the chest as a tummy ache.

Asthma varies in severity from person to person. While some children and young people will experience an occasional cough or wheeze, others will have severe symptoms.

Some pupils may experience symptoms from time to time (maybe after exercise, or during the hay fever season), but feel fine the rest of the time.

Common triggers include viral infections (colds and flu), house-dust mites, pollen, tobacco smoke, furry and feathery animals, air pollution, laughter, excitement and stress.

Do . . .

- Keep calm
- Encourage the pupil to sit up and slightly forward – do not hug them or lie them down

Action to take:

(Ask other staff to assist, one person must take charge and ensure that the following is undertaken)

- Ring the Medical Centre – state what has happened so that they can assess the situation and give advice. Where possible they may ask for the pupil to be assisted to the MC, or if possible they can bring the appropriate medication to the location. Locate the nearest First Aider to come and assist.
- Ring (9) 999 MC staff to assess the casualty and ascertain the requirement of further emergency call at this time,
- Ring the pupil's Matron.
- Ensure that the Security Cabin is aware that an ambulance is coming onto site.
- Stay in the immediate vicinity to assist/direct the Emergency Services
- Ensure that accident forms are filled out.

Epilepsy

What is epilepsy?

Epilepsy is a tendency to have seizures (sometimes called fits). A seizure is caused by a sudden burst of intense electrical activity in the brain. This causes a temporary disruption to the way that messages are passed between brain cells, so the brain's messages briefly pause or become mixed up. There are many different kinds of epilepsy and about 40 different seizure types. Epilepsy can affect anyone, at any age. It can have an identifiable cause such as a blow to the head, meningitis or a brain tumour, but for the majority of people there is no known cause. In some cases, the tendency to have seizures runs in families, but having a parent with epilepsy does not necessarily mean a child will have the condition.

In the UK, about 47,000 children of School age have epilepsy: on average about one in every 214 children*.

Signs and symptoms

The brain is responsible for controlling the functions of our bodies. What a child or young person experiences 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 seizures and each pupil with epilepsy will experience the condition in a way that is unique to them. Seizures can happen at any time and they generally only last a matter of seconds or minutes, after which the brain usually returns to normal.

Seizures can be divided into two groups:

- Generalised
- Partial (sometimes called 'focal')

Action to take:

(Ask other staff to assist, particularly with making phone calls, allowing one person to take charge and ensure that the following is undertaken)

- Ring the Medical Centre – state what has happened so that they can assess the situation and give advice. Where possible they may ask for the pupil to be assisted to the MC or if possible they can bring the appropriate medication to the location. Locate a First Aider to come and assist.
- MC staff to assess the casualty and ascertain the requirement of further emergency call at this time. If required ring (9) 999
- Ring the pupil's Matron
- MC Staff to contact parents
- Ensure that the Security Cabin is aware that an ambulance is coming onto site.
- Protect the person from injury – (remove harmful objects from nearby).
- Stay in the immediate vicinity to assist the MC staff or to direct the Emergency Services.
- Ensure that accident forms are filled out if appropriate.

Do not

- Restrain the pupil
- Put anything in the pupil's mouth
- Try to move the pupil unless they are in danger
- Give the pupil anything to eat or drink until they are fully recovered
- Attempt to bring them round

Diabetes

What is Diabetes?

Diabetes is a long-term medical condition where the amount of glucose (sugar) in the blood is too high because the body cannot use it properly.

This happens because:

- The pancreas does not make any or enough insulin
- The insulin does not work properly
- Or sometimes it can be a combination of both

Insulin is the hormone produced by the pancreas that helps glucose, from digestion of carbohydrate, move into the body's cells where it is used for energy. The body's cells need glucose for energy and it is insulin that acts as the 'key' to 'unlock' the cells to allow the glucose in.

Once the door is 'unlocked' the glucose can enter the cells where it is used as fuel for energy. When insulin is not present or does not work properly, glucose builds up in the body. If diabetes goes untreated, the body starts breaking down its stores of fat and protein to try to release more glucose but this glucose still cannot be turned into energy and the unused glucose passes into the urine. This is why children and young people with untreated diabetes often pass large amounts of urine, are extremely thirsty, may feel tired, and lose weight.

Type 1 diabetes

Type 1 diabetes develops if the body is unable to produce any insulin. Children or young people with this form of diabetes need to replace their missing insulin so will need to take insulin (usually by injection or pump therapy) for the rest of their lives. Type 1 diabetes usually appears before the age of 40 and most pupils with diabetes will have Type 1. Nobody knows for sure why this type of diabetes develops. There

Stowe School First Aid Policy. Author RD Version 11.0 31 January 2017

Review 31 January 2018

Page 14

is nothing a pupil with Type 1 diabetes or their parents could have done to prevent it. More than 15,000 school-age children in the UK* have Type 1 diabetes.

Type 2 diabetes

Type 2 diabetes develops when the body can still make some insulin but not enough, or when the insulin that is produced does not work properly (known as insulin resistance).

In most cases this is linked with being overweight. This type of diabetes usually appears in people over the age of 40. However, recently more children and young people are being diagnosed with the condition, some as young as seven.

Signs and Symptoms

Hypoglycemia (or hypo)

Hypoglycemia occurs when the level of glucose in the blood falls too low. When this happens, a person with diabetes will often experience warning signs, which occur as the body tries to raise the glucose levels. Signs of a hypo vary from person to person; they may include any of the following:

- Hunger
- Trembling
- Sweating
- Anxiety or irritability
- Rapid heartbeat
- Tingling of the lips
- Blurred vision
- Paleness
- Mood change
- Difficulty concentrating
- Vagueness
- Drowsiness

A **hypo** may occur if a person has taken too much of their diabetes medication, delayed or missed a meal or snack, not eaten enough carbohydrate, taken part in unplanned or more strenuous exercise than usual, or the person has been drinking alcohol, especially without food. Sometimes there is no obvious cause. Hypos are usually unexpected, sudden, rapid, without warning and unpredictable.

Hyperglycemia (or hyper)

Hyperglycemia is the term used when the level of glucose in the blood rises above normal levels and stays high. The symptoms of hyperglycaemia do not appear suddenly but build up over a period of time. These may include the following:

- Thirst
- Frequent urination
- Tiredness
- Dry skin
- Nausea
- Blurred vision

If a person with diabetes starts to develop these signs and symptoms, it means that their body is beginning to use its store of fat as an alternative source of energy, producing acidic by-products called ketones. This is due to a relative lack of insulin causing the blood glucose to rise.

Action to take:

(Ask other staff to assist, particularly with making phone calls, one person must take charge and ensure that the following is undertaken)

- Ring the Medical Centre – state what has happened so that they can assess the situation and give advice. Where possible they may ask for the pupil to be assisted to the MC, or if possible they bring the appropriate medication. Locate a First Aider to come and assist. If able ensure the pupil is brought to the MC accompanied by a member of staff.
- MC staff to assess the casualty and ascertain the requirement of further emergency call at this time. If required ring (9) 999
- Ring the pupil's Matron
- MC staff will inform parents
- Ensure that the Security Cabin is aware that an ambulance is coming onto site
- Protect the person from injury, sit them down and reassure them
- Stay in the immediate vicinity to assist/direct the MC/Emergency Services
- Ensure that accident forms are filled out if appropriate

*Statistics taken from The Department for Children, Schools and Families Medical Conditions at School 2010.

Introduction

This paper provides guidance for staff treating head injuries within Stowe School. This should be used in conjunction with the newest available evidence and policies and the health care professionals own assessment of the casualty.

For the purposes of this guideline '*head injury*' is defined as any trauma to the head, other than superficial injuries to the face.

It is advised that all pupils who sustain a head injury should be referred to the Medical Centre for assessment. They should not come to the Medical Centre alone and should be accompanied by a responsible adult. Accident forms should be completed by the necessary department. If the injury occurs at an away match the pupil must be medically assessed before getting on the coach back to school.

The aim of safe management of head injury is to reduce the risk of complications such as

- "Second Head Injury syndrome" where a small, perhaps unrecognised bleed can become a greater or more damaging bleed after a second head injury if play resumes before recovery can occur
- Long term deterioration of cognitive function. A return to exercise too soon can prolong the loss of function that is seen after a head injury.

Head Injury as a result of Sport "RECOGNISE AND REMOVE"

The School's First Aid Off Site Policy and Risk Assessments dictate that a First Aider will be present at all matches. The attending First Aider should therefore be called to attendance for any head injury. They should use clinical judgment to decide upon best course of treatment and make a decision as to if to return to play.

Staff involved in high risk areas should undertake additional training and regular updates and should all carry a copy of the RFU pocket head injury advice leaflet and complete a Maddocks questionnaire/score for each head injury. Remember "*if in doubt, sit it out*" it is much safer to err on the side of caution particularly as the risk of death from a second injury is common in this age group.

Sporting head injuries are most likely to occur during rugby hence the RFU guidance is the main reference. However remember that head injuries occur in other sport as well as non sport related activities so we should all be aware of this guidance.

Criteria for referral to Accident and Emergency

- Unconsciousness, or lack of full consciousness as a result of the injury
- Amnesia for events immediately before or after the injury
- Persistent headache since the injury
- Any vomiting episodes since the injury
- Any focal neurological deficit since the injury
- Any suspicion of skull fracture or penetrating head injury
- A high-energy head injury
- Any seizure
- Any previous cranial neurosurgical intervention

- History of bleeding or clotting disorder
- Current drug or alcohol intoxication
- Suspicion of non-accidental injury
- Irritability or altered behaviour
- Continuing concern

In most cases calling a 999/112 ambulance for transport from the pitch would be considered most appropriate

Medical Centre Assessment and Documentation

Please use the EMIS template

All patients presenting with a head injury should have recorded:

- Maddocks score taken pitchside
- Onset of injury
- Mechanism of injury
- If any LOC at the time or since
- Any spinal symptoms
- Any other head injury in the previous 12 months

All patients should be asked the following (refer to SCAT3 list for further information):

- When did the injury happen?
- Which team were you playing?
- The exact mechanism of injury
- What happened next?
- Any symptoms of head or neck
- Any neurological symptoms (including mood)
- Test cognition (record number of errors):
 - What month is it?
 - What is the date today?
 - What is the day of the week?
 - What year is it?
 - What time is it right now?
- Test concentration by asking them to recite the months of the year in reverse order (record number of errors)

In addition all patients should have recorded:

- Blood Pressure
- Pulse
- Respirations
- Pulse Oxygen saturation
- GCS Scale
- Pupil size and reaction
- Examination of neck (range of movement, any tenderness)
- Examination of balance (record number of errors and which foot tested)

- Double leg stance
- Single leg stance (non-dominant foot)
- Tandem stance (non-dominant foot at the back)
- Examination of coordination using finger nose test dominant hand (record errors)

Admission to the Medical Centre

Patients complaining of any of the following symptoms or any other concern should be kept at the MEDICAL CENTRE for further observation and COMPLETE COGNITIVE REST. Parents will be contacted via email or telephone by MC staff.

- Dizziness (without LOC)
- Nausea (without vomiting)
- Headache
- Feeling in a fog
- Tired/emotional
- Minor visual disturbance
- Minor hearing problems

NICE Guidelines recommend a minimum of observations:

- 30min for 2 hrs
- 1 hourly for 4 hours
- Then 2 hourly thereafter

Discharge

Patients will be discharged from the Medical Centre based upon the Nurses/Doctors assessment once symptoms have resolved. All pupils should be marked **off games** on Apollo and this must include all activities. There may need to be a discussion about cognitive rest with HSM as well depending on extent of symptoms.

Any player taken off pitch with concussion/suspected concussion **should not return to play that day under any circumstance**

All pupils must see the School doctor at their next clinic. Parents are informed of GP appointment by MC Staff

All pupils should be given a *Head Injury Advice Sheet* and advised to return if they develop any symptoms. Please ensure that a member of House Staff is aware that they have suffered a head injury and are returning to House.

Graduated Return to Play (G RTP)

Following a concussion or suspected concussion all pupils will be assessed by the School MO at the next School clinic. It is likely that they will need a statutory period of 2 weeks off games followed by a programme of Graduated Return to Play (G RTP). They will be given a G RTP card to carry to their rehab activity so that supervising staff are aware.

The Medical Centre will enter the G RTP information on Apollo but also email the Director of Sport/HSM/Matron and parents so that they can disseminate the information appropriately.

Stage 2 – 6 will be overseen by the Gym or Swimming Supervisor depending on the rehab activity selected. Supervising staff member should sign off the pupil card at each session

Graduated Return To Play (G RTP)			
Enter G RTP Stage number on Apollo and alert Mr Michael at each decision			
If any post concussion symptoms recur during process the pupil drops back to the previous step			
Rehabilitation Stage	Functional Exercise at each stage of rehabilitation	Objective of Each Stage	Minimum length
Review by School MO			
1 No activity. Complete rest for 2 weeks	Physical rest (off all games) Cognitive rest (case by case discussion)	Recovery	2 weeks
Review by School MO			
2 Light aerobic exercise	Walking, swimming or stationary cycling Keeping intensity 70% predicted heart rate No resistance training	Increased heart rate	48 hours
Review by Senior Nurse			
3 Sport Specific Exercise	Running drills in rugby No head impact activities	Add movement	48 hours
Review by Senior Nurse			
4 Non contact training drills	Progression to more complex drills e.g. passing May start progressive resistance training	Exercise Coordination Cognitive Load	48 hours
Review by Senior Nurse			
5 Full contact practice	Normal training activities	Restore confidence Assess functional skills by coaching staff	48 hours
Review by School MO			
6 Return to normal play	Normal game play		

References

[England Rugby head injury guidelines for schools](#)

(includes the Pocket Concussion Recognition guide)

[England Rugby Headcase Resources](#)

[MOSA Head Injury Guideline \(MOSA members only\)](#)

[Full SCAT3 with guidance](#)

[National NHS head injury guidance \(NICE\)](#)

[IRB concussion management training for clinicians](#)

Appendix 3

During the working day many members of the support staff who are currently first aid trained have access to a radio. Staff who need assistance from a First Aider may call the Security Cabin, or the School Reception, but it is not always possible for that member of staff to attend as they cannot leave their post. The use of the radio is deemed the quickest way to contact someone in an emergency, therefore the School Reception hold a radio, along with the Medical Centre, and the Health, Safety and Compliance Manager.

Reception staff & Security

On receiving a phone call for a First Aider to attend a location the Reception/ Security staff should

- Use the radio and turn to channel 1
- Ask on the Security channel for a First Aider to respond who can attend to a location. Once this has been made please confirm the location and that someone is responding.
- In the very unlikely event that the Security Team do not respond, the same request should be made on channel 2 (Maintenance) and channel 3 (Housestaff)

First aid staff who have heard the call and are free to go should:

- On hearing a request for a First Aider confirm that they can attend the area. Take a first aid Kit with them or locate the closest kit available.
- Confirm that the Medical Centre will also be informed if they can attend (if Reception/ Security can continue to get hold of them)
- Confirm that they have reached the scene and stay in radio contact with the Security Cabin to request further assistance or if 999 is called.