

First Aid

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1.0 Aims and Objectives

This policy is intended for House Staff and First Aiders in their management of incidents involving girls at Queen Margaret's School. Medical Aid can save lives and prevent minor injuries becoming major ones. Under Health and Safety legislation the School will ensure that there is adequate and appropriate equipment and facilities for providing First Aid in the workplace. First Aid provision must be available at all times while people are on school premises, and also off the premises whilst on school visits. The ultimate aim of effective First Aid provision is to:

- provide treatment for the purposes of preserving life
- prevent the situation from worsening
- promote recovery

Further information regarding First Aid at Queen Margaret's School can be found in the First Aid section of the Health and Safety Policy.

1.1 Legislation

This policy has been written in line with Standard 7 (Boarders' Health & Wellbeing) of the National Minimum Standards (NMS) for Boarding Schools (September 2022) and endorsed by the Independent Schools Inspectorate (ISI) and the Nursing and Midwifery Council Code of Conduct (2015).

NMS Standard 7: Boarders' Health and Wellbeing

7.1 The school has, and implements effectively, appropriate policies for the care of boarders who have medical conditions and/or are unwell, ensures that the physical and mental health and emotional wellbeing of boarders are promoted and prompt action is taken when health concerns are identified. The policies include first aid, care of those with chronic conditions and disabilities, dealing with medical emergencies and the use of both prescription and non-prescription medication (including controlled drugs). Policies for administration of medication should reflect, where appropriate, guidance provided by the Royal Pharmaceutical Society and the Royal College of Nursing.

7.2 Boarders are supported and educated to understand their health needs, how to develop and maintain a healthy lifestyle and to make informed decisions about their own health.

7.3 Effective arrangements are made to care for boarding pupils who are sick or injured. Boarders can be accommodated away from other students if necessary. Where boarders need to be cared for away from their usual accommodation, they are provided with good quality accommodation, including toilet and washing facilities. The accommodation is staffed appropriately and provides boarders with appropriate privacy, taking into account sex, age and any special requirements.

7.4 The school ensures boarders have access, as appropriate, to local medical, dental and optometric services and provision. In addition, the school engages effectively with health agencies, including specialist services (such as CAMHS, sexual health services and those providing support for victims of sexual abuse) when appropriate, responding in a timely manner to boarders' needs.

7.5 The school facilitates access to all relevant health, counselling and support services (set out above) as required. It should be clear who is responsible for making emergency and routine health care appointments for students, including where consultation between parents/carers and staff is necessary.

7.6 All medication is stored safely and securely and accurate records are kept of its administration. Staff are properly trained to provide the support that students need when administering medicines. Prescribed medicines are given only to the boarders to whom they are prescribed. Boarders allowed to self-medicate are assessed and a document signed to detail this.

7.7 Boarders' confidentiality, rights, privacy and dignity as patients is fundamental and is appropriately protected. This includes the right of a boarder deemed to be 'Gillick Competent' to give or withhold consent for their own treatment.

Independent School Standards Regulations

Part 3 - Welfare, health and safety of pupils

Paragraph 13 - First Aid

The standard in this paragraph is met if the proprietor ensures that first aid is administered in a timely and competent manner by the drawing up and effective implementation of a written first aid policy. (First Aid Policy is incorporated within the Medical Aid Policy and referred to in the Health & Safety Policy).

1.2 Linked Policies

Queen Margaret's School, York, will ensure, so far as is reasonably practicable, that first aid arrangements will be managed in compliance with the following guidance:

- The Health and Safety at Work etc. Act 1974 and subsequent regulations and guidance
- The Health and Safety (First Aid) Regulations 1981 (SI 1981/917)
- The First aid at work: Health and Safety (First Aid) Regulations 1981 approved code of practice and Guidance.
- The DfES guidance on First Aid in schools
- Paragraph 3(6) of the schedule to the Education (Independent College Standards) (England) Regulations 2010 (SI 2010/1997).
- The Independent School regulatory requirements September 2015

This policy should be read in conjunction with the following policies:

- [Health and Wellbeing](#)
- [Managing Medical Conditions](#)
- [Mental Health](#)
- [Care of Boarders who are Unwell](#)
- [Emotional Health and Wellbeing](#)

2.0 Responsibilities

The Health and Safety Officer, the Senior Nurse, in conjunction with the Head, working through the SLT will ensure that the appropriate policies, procedures and audit protocols are in place and reviewed annually.

The Health and Safety Committee are responsible for tracking trends and incidents to ensure the school has adequate procedures to mitigate risk of further incident

The SLT will ensure that these policies and procedures are communicated, implemented and adhered to in their respective areas of responsibility.

The Nursing Team, House Mistresses, teaching staff and first raiders will ensure that these policies and procedures are communicated, implemented and adhered to on a sustainable basis in their respective areas of responsibility.

2.1 The role of the school nurse

The School Nurses will ensure that suitable equipment, facilities and consumables are provided for first aid treatment.

The Medical centre will provide for:-

- Asthma advice
- Advice on Travel and vaccinations
- Dietary Advice
- Sexual Health Advice
- A minor injuries clinic
- Injury management
- Access to the local GP surgery
- Accessing services for Emergency Care
- Overnight facilities for sick borders with Bath, Shower Toilet facilities.
- The School Nurse will ensure that suitable first aid notices are displayed, which details names of first aiders and named Mental-Health trained staff.
- First Aiders will ensure that all first aid treatments are recorded using the correct paperwork, including Accident/Incident reporting. Such notices passed in the first instance to the Health and Wellbeing Centre. See section below on Reporting for further details.
- The Health and Safety Officer will ensure that audits are carried out periodically to ensure the effectiveness of first aid arrangements.
- Accidents/incident forms will be discussed at the termly Health And Safety Meeting.

3.0 Arrangements

- Staff will be selected for training in conjunction with Health and Safety Officer
- Staff Identified will undertake the First Aid at Work Qualification
- All First Aid Training will be managed by Health And safety Officer and School Nurse
- Residential Graduate Assistants will undertake the Emergency First Aid Qualification
- Training for first aiders will be undertaken periodically.

3.1 Locations of First Aid boxes

Departmental First Aid Kits First Aid Boxes are in the following areas of the School

- Boarding House Studies
- Back Kitchen
- Art Department
- Dance Studio
- Food Technology Department
- Staff Room
- Science Laboratories
- School Mini Buses
- PE Department / Swimming Pools
- Theatre
- Catering Department
- Tractor Shed
- Maintenance Department
- Reception

3.2 First Aid Boxes

The School Nursing team is responsible for checking the First Aid Boxes in the Boarding Houses and Health and Wellbeing Centre. A named member of staff in each department where First Aid kits are located is responsible for ensuring that each kit is kept fully stocked. In science laboratories there are numerous eyewash stations. If a member of the first aid staff uses any items from the first aid box they must inform the school nurse so replacements can be sought. First Aid boxes within the HWBC and Boarding Houses are checked on a termly basis by the nursing staff and records kept accordingly. Other First Aid boxes around school are overseen by the Health and Safety Officer, and orders are placed for re-stocking with the Health and Wellbeing Centre.

First Aid Kit contents and equipment vary according to their location and all meet British standards, BS 8599-1.

The Estates Office Health and Safety officer keeps a log of where all First Aid boxes are located and the date on which they were checked, all staff have been advised as to locations.

3.3 First Aiders

The school has a team of qualified first aiders all of whom hold the First Aid at Work qualification or its equivalent which requires them to update their training every three years. **A list of all current trained first aiders is maintained at both the Estate Office and the Health and Wellbeing Centre.** The Health and Safety Officer with the Senior Nurse is the responsible person who ensures that initial and/or repeat training is given as necessary and a record of that training is maintained.

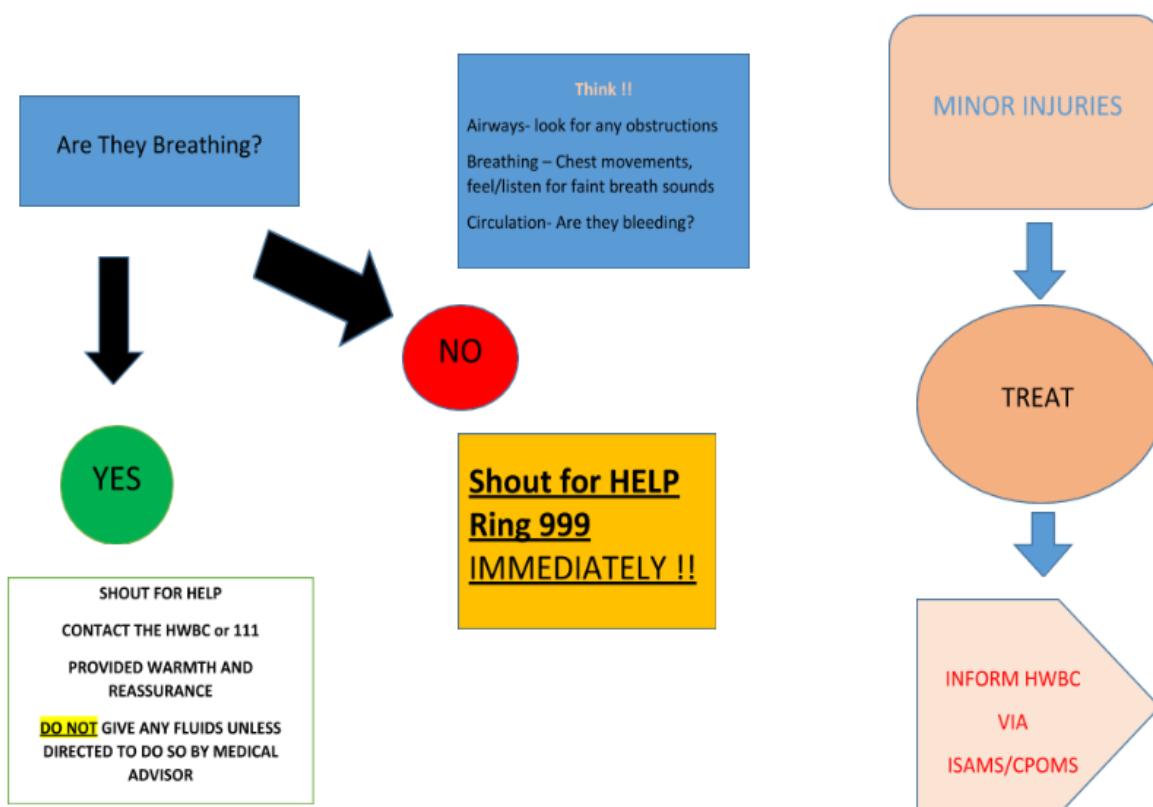
The Senior Sister will maintain and review (not less than annually) a set of guidelines for the effective management of all foreseeable first aid emergencies. It is a requirement that all staff familiarise themselves with the Health and Wellbeing Suite of Policies.

The number of first aid personnel is based on the number of students and employees, taking into consideration adequate provision for leave and absences, off-site activities, practical departments (e.g. Science, PE) etc.

The main duties of a First Aider are to:

- Give immediate help to casualties with common injuries and illnesses and those which occur as a direct result of specific hazards within schools; and where necessary ensure that an ambulance is called.
- In all instances the First Aider should notify the HWBC of any incidents at the earliest opportunity
- An accident form should be completed after any accident, dangerous occurrence, or sudden illness requiring immediate resuscitation or occasion of reportable illness. The form should be completed by the person involved, or if they are unable to complete it themselves, then by an adult witness or the first person they are able to report the accident to.

Non First Aid trained Staff are responsible to seek further assistance and to provide reassurance to the girl. In the event of an accident contact a member of the Nursing Team on duty or follow advice from a First Aid responder. If concerned or unable to provide First Aid, Call 111. Complete an accident/incident form.



3.4 On-site Provision

Adequate and appropriate First Aid provision will form part of the arrangements for all school Activities. First Aid Stations can be found around the school site. The First Aider should inform the Health and Wellbeing Centre of the incident involving a girl and ensure both ISAMS/CPOMS and Incident forms are fully completed.

3.5 On Site Sports Fixtures and Tournaments

It is the responsibility of the sports staff to collect the appropriate Sports First Aid Kit from the HWBC. Within this bag is specific Head Injury protocol. Visiting schools must ensure that they have suitable staff to supervise their children. By suitable, it is implied that the ratios are correct as well as an appropriate number of First Aid trained staff in accordance with the school's own policy, it is the responsibility of the QM host to inform the school of this requirement. Our Nursing Team is happy to support visiting schools and their First Aid requirements. In addition, it is the responsibility of the visiting school to have included in their own risk assessments the management of a first aid emergency and how appropriate transportation to hospital will happen. If this includes transportation in a member of staff's car, it is the responsibility of the visiting school to have ensured appropriate insurance.

3.6 Off-site Provision including Sports Fixtures

Adequate and appropriate First Aid provision will be taken into account within the Risk assessment for all school Activities. First Aid boxes used for day and residential trips are checked on return. Before undertaking any off site activities the member of staff in charge of the trip should ensure they have adequate first aid provision. School minibuses are already well stocked. Groups going on coach trips will need to arrange a First aid kit. Spare first aid kits can be requested and obtained from the school Nurse.

Before undertaking any off site activities the member of staff in charge will need to submit a Risk Assessment 14 days prior to the trip. A copy of the completed risk assessment will need to be emailed to The Medical Centre. A first aid box if required will be supplied. School minibuses will require a First Aid Box to be signed out for drop off and collection duties. An additional Head Injury First Aid sports bag is available for contact sports events. Training is provided by the Nursing team.

4.0 Procedure in the event of contact with blood or other bodily fluids

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

- cover any cuts and grazes on their own skin with a waterproof dressing;
- wear suitable disposable gloves when dealing with blood or other bodily fluids;
- use suitable eye protection and a disposable apron where splashing may occur;
- use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation;
- wash hands after every procedure

If the First Aider suspects that they or any other person may have been contaminated with blood and other bodily fluids which are not their own, the following actions should be taken without delay:

- wash splashes off skin with soap and running water;
- wash splashes out of eyes with tap water or an eye wash bottle;
- wash splashes out of nose or mouth with tap water, taking care not to swallow the water;
- Record details of the contamination;
- Report the incident to the Nurse and take medical advice if appropriate.

5.0 Reporting and Record Keeping

5.1 Accident Report

All incidents involving an individual sustaining an injury on school site, however minor, must be reported as soon as possible. The individual member of staff who deals with the incident **MUST** complete an accident/ incident form. If medical assistance is required refer to the school nurse who will complete the medical treatment section of the accident form..

Reports must contain:

- The date, time and place of the event;
- Details of those involved;
- A brief description of the incident / injury and any first aid treatment given;
- Details of what happened to the casualty immediately afterwards - for example went to hospital, went home, resumed normal activities, returned to class.

In the case of a serious incident involving a girl the Nursing Team should be notified who will notify the Health and Safety Office, DSL, Head or any other authorities, 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.

In the event of an accident parents must be informed, by the Nursing Team, as soon as practicable.

5.2 ISAMS/ CPOMS

It is the responsibility of the member of staff who is dealing with the incident to ensure that all student records are fully up to date on ISAMS/CPOMS to ensure continuity of care between House Staff and the Health and Wellbeing Centre. This should be done immediately to ensure that all members of staff are aware of medication issued. When on a trip off of the school site, an accurate paper record should be kept and it should be entered onto ISAMS/CPOMS immediately upon return to school.

6.0 Emergency First Aid

If any member of staff believes that someone is suffering from a serious or life-threatening event, accident, or immediate illness, an ambulance is to be called at once by dialling 999. This should immediately be followed by contacting the Nursing Team, if this is in term time.

The list below provides guidance on when an ambulance must be called but is not exclusive, and if in doubt, an ambulance or paramedic should be requested.

- Suspected Stroke
- Hypoglycaemia
- Suspected Heart Attack
- Asthma attack
- Anaphylactic Shock
- Excessive bleeding
- Suspected spinal injury
- Suspected broken limb causing Immobility
- Breathing distress
- Unconsciousness- Head Injury

Additional First Aid information can be found within the school's Health and Safety Policy.

7.0 Medical Aid Procedures

First Aid Procedures and Advice for all the first aid situations mentioned in this document must be referred to the Health and Wellbeing Centre. Many will require immediate transfer to hospital

General Advice First Aid Boxes Contain: resuscitation face shield, eye pads, finger dressings, burns dressing, conforming bandage, adhesive tape, foil blanket, scissors, assorted plasters, sterile dressings, triangular bandages, safety pins, gloves and where appropriate, eye irrigation bottles Do not contain: cotton wool, ointments, creams and sprays.

7.1 Dealing with the Patient

- Try not to panic
- Reassure the patient and continue to do so
- Request onlookers to move elsewhere
- Put the patient, as quickly as possible, into the best position and try and make them comfortable
- Wear gloves if possible; this will minimise cross infection

7.2 Wounds and Bleeding

- Apply dressing to control bleeding
- Apply gentle pressure to wound, providing no foreign body i.e. glass, is present
- Elevate wound if situated on a limb
- If bleeding continues add up to two further dressings.
- DO NOT remove first dressing as that would encourage further bleeding
- If wound and bleeding are severe then lay patient down, to prevent shock occurring

7.3 Nose Bleeds

- Nip the soft part of the nose, as high up as possible for 10 minutes and further periods of 10 minutes if required
- Patient should be sitting down, leaning slightly forward and breathing through mouth
- Apply cold compress to the bridge (top) of the nose
- Once bleeding has stopped – discourage the patient from blowing or wiping nose,
- Avoid hot drinks, alcohol and any strenuous exercise.

7.4 Burns and Scalds

- Reassure and put the patient into the best position.
- Cool burn site with lukewarm tap water for 20 minutes
- Apply soaking wet towels to extensive areas of damaged skin
- Do not apply ointments, sprays or creams
- Do not burst blisters
- Remove with great care watches, rings and jewellery
- Do not remove clothing and cool burn site through clothing

- To protect wound from infection, cover with non-fluffy dressing e.g. kitchen film or polythene bag

7.5 Bone, Joint and Muscle Injuries:

- If in doubt, DO NOT move the patient
- Immobilise the injured area
- Keep patient warm and as comfortable as possible
- Apply cold compress to sprains or bruises and support injured area if possible

7.6 Eye Injuries

- Splashes of substance into the eye – act quickly as the eye absorbs
- Follow advice on the packaging if it is a household or cosmetics product.
- Irrigate the eye with irrigation bottle, using whole bottle, otherwise use cold tap shower water
- Gentle, steady stream of fluid, with head tilted to one side so no solution goes into unaffected eye
- Irrigate for 20 minutes
- This method of eye irrigation would be effective for dust or small foreign body in the eye
- With large foreign body in the eye, do not attempt to remove: immediate referral to HWBC

8.0 Dealing with Disorders of Breathing

8.1 Asthma

If there is a history of this problem – reassure – obtain the patient's inhaler/medication – get the student to use their own inhaler and support them in using it, ideally through a Volumatic spacer. The reliever medication should be taken 1 puff every 30-60 seconds. No more than 10 puffs.

The asthmatic should be sitting up and leaning slightly forward with arms ideally resting on a table or desk. Taking slow steady breaths. Ask all onlookers to move away to allow space and calm for the patient.

The asthma attack may be induced by allergy, nervous tension, exertion. The asthmatic will find breathing out particularly difficult and the wheeze can be clearly heard.

If there is no improvement: 999 transfer to hospital.

8.2 Panic Attacks

Reassure – sit the patient up – they will be gasping for breath and the breathing will be far too fast. Encourage them to breathe at a more normal rate, 12-20 breaths per minute. Symptoms may include feeling faint, dizziness, sweating, nausea or a need to go to the toilet. It may last between 5 and 20 minutes. An attack won't cause any physical harm.

8.3 Injury to Chest

If conscious, position should be supported semi-reclined – not lying flat. If a bleeding wound is evident, Lay on the side of the wound. This allows the other lung to inflate easily. Call 999 to transfer to hospital

8.4 Choking

Standing behind the student, support their chest with one hand and lean them forward, apply 5 hard slaps between the shoulder blades.

If unsuccessful try 5 abdominal thrusts (children over 1 year of age) followed again by 5 back slaps. Call 999 to transfer to the hospital.

If the patient loses consciousness, resuscitation may be needed, but back slaps and abdominal thrusts may still be done even when the patient is on the ground. Continue cycle of 5 back blows and 5 abdominal thrusts until help arrives

9.0 Disorders of Circulation

Fainting Partial faint - may be sat down with their head between their knees. Drink water, eat something, take deep breaths.

If full faint presents with loss of consciousness, the student will have a slow pulse and pale skin colour. Lie patient down, elevate feet, keep warm and consciousness will quickly be regained within 20 seconds. Reassure them and allow them to rest.

9.1 Shock

May be induced by injury, pain or blood loss. Presents with rapid pulse initially, skin pale/grey, sweating, but cold and clammy, nauseated, tired, yawning, thirst (but do not give drink) and aggression. **Shock can be fatal.** Lie patient down, reassure, elevate legs and keep the student warm. Call 999 to transfer to the hospital.

9.2 Anaphylactic Shock

Caused by drugs, foods, insect bites/stings – causing severe allergic reactions. The student may have their own adrenaline auto injector pen – help them to use it. Call 999 and inform the operator of anaphylactic shock, adrenaline auto injector given.

The Medical Centre has antihistamines/adrenaline – Contact nursing staff immediately as a second dose may be required.

Signs and Symptoms: Skin rash, anxiety, swelling of face, tongue and throat, difficulty in breathing, which may be severe, and a rapid pulse. Sit patient up if conscious; recovery position if unconscious; 999 transfer to hospital

9.3 Electric Shock

Do not endanger yourself. Insulate yourself, prior to switching off current or breaking the electrical contact. Exit and entry burns on the body should be cooled with water. There can be a track of internal damage. Lie patient down and treat as for shock. 999 transfer to hospital.

10.0 Disorders of Consciousness

10.1 Head Injuries (refer to the medical conditions policy)

Recent history of injury and damage may be visually apparent. There may be intense headache; straw coloured or blood stained discharge from ears and nostrils; eyes may be bloodshot with unequal pupils not reacting; partial paralysis; disorientation and deterioration of consciousness; nausea; dizziness; blurred vision, agitation. In all cases lie the student down with their head slightly raised.. If unconscious, place in the recovery position. 999 transfer to hospital.

Refer to the head injury card (sports department only).

Take baseline Bp, monitor motor and verbal response and eye commands every 15 minutes. record results, refer to appropriate Healthcare Specialists depending on symptoms. (see Chart)

10.2 Concussion

Any recent history of a blow to the head must be referred to the Health and Wellbeing Centre, even if the following symptoms are not evident: nausea, dizziness, blurred vision, pain as the patient may gradually deteriorate. Do not give pain killers.

Be aware that symptoms can take up to 24 hours to start and may not appear for up to 3 weeks after the injury.

10.3 Epilepsy (refer to the medical conditions policy)

Talk and reassure the patient, even if having a fit, they may well be able to hear you. If having a major fit, clear the area around the patient, do not move them, but loosen tight clothing and protect the head with a pillow or item of clothing. Do not restrain or put anything in their mouth. In the tonic phase of a fit the patient becomes rigid, breathing momentarily, may cease, jaw may clench and then convulsions commence. Patient may be incontinent. Transfer to hospital is rarely needed. Once the fit has stopped, patients returns to normal after a short rest. Call 999 to be transferred to hospital if they are having a seizure for the first time or the seizure has lasted more than 5 minutes or if they are having several seizures in a row. Additionally if they have breathing problems or have seriously injured themselves.

11.0 Diabetes (refer to the medical conditions policy)

Hypoglycaemia (low blood sugar) Occurs when insufficient sugar in the body. Patient is usually unaware of the condition and may experience: weakness; hunger; palpitations; faintness; muscle tremors; strange behaviour, i.e. confusion, awkwardness, aggression. The skin becomes pale, cold, and clammy to the touch, but may also be sweating. Pulse will be bounding and the condition of hypoglycaemia, if untreated, will quickly lead to unconsciousness. If conscious, give patients their own Hypostop/Glucogel or 4 or 5 dextrose tablets, alternatively give a sugary drink, sugar lumps, glucose, chocolate, honey or jam. Ideally half a can of non-diet drink ie. Coke or lemonade will usually be adequate to reverse the condition. Encourage carbohydrates such as toast, biscuits and milk is recommended. The Health and Wellbeing Centre stocks an injection (Glycogen) which can reverse hypoglycemia. If patient is unconscious – 999 for transfer to hospital

To give too much glucose/sugar at this time may lead to hyperglycemia (high blood sugar) which should be avoided. If the patient is losing consciousness, Call 999 for transfer to hospital

Normal blood sugar target is

4 to 7 mmol/l pre meals

8.5 to 9 mmol/l 2 hours post meals

HbA1c target range is below 48 mmol/mol

12.0 Resuscitation

1. Danger - is there any danger to you?
2. Response – does the patient respond to your voice?
3. Airway – has the tongue perhaps fallen back?
4. Breathing – look, listen and feel for breathing.
5. Circulation -do not check for a pulse it will be too hard to find if the patient is very ill. If there is any sign of life when compressions start, stop immediately..

The present First Aid guidelines advise that if the patient is not breathing and there is no pulse then telephone 999 prior to commencing Cardio-Pulmonary resuscitation. Acquire the Defibrillator immediately and follow the voice instructions from the machine Commence CPR = 30 compressions – 2 rescue breaths, Pinch the person's nose, seal mouth over their mouth, use mouth shield if available, blow steady and firmly into their mouth for about 1 second. Monitor that the chest has risen and fallen then repeat To be successful, compressions of the sternum (breastbone) need to be 5-6 cm on an adult and at a rate of 100 to 120 per minute. This is very hard work. If you wish for tuition please contact the Medical Centre. The Defibrillator is housed on the wall outside the Health and Wellbeing Centre. Oxygen and basic resuscitation equipment is kept within the Health and Wellbeing Centre in the clearly labelled emergency black 'Grab Bag'. Please remember the correct recovery position: it might be a life saver.