



Introduction

The First Aid procedure at Rochester Independent College is in operation to ensure that every student, member of staff and visitors will be well looked after in the event of an accident, no matter how minor or major. It is emphasised that the team comprises qualified First Aiders and intermittent qualified Nurse, *not* trained doctors.

In the event of an accident all members of the staff should be aware of the support and the procedures available to activate this.

Purpose

To ensure that all staff are aware of the systems in place.

To provide awareness of Health & Safety issues within school and on school trips, to prevent, where possible, potential dangers or accidents.

NB The term FIRST AIDER refers to members of staff who are in possession of a valid *First Aid at Work* certificate or have received *First Responder* training.

The responsibility for Health and Safety includes First Aid. The Principal is responsible for Health and Safety and the implementation of this policy. This policy has been written in conjunction with the DfE 'Guidance on First Aid in Schools – a good practice guide' booklet.

First Aid is basic medical treatment given to somebody as soon as possible after they have been hurt in an accident or suddenly become ill. The First Aid procedure at Rochester Independent College is in operation to ensure that every student, member of staff and visitor will be well looked after in the event of an accident, no matter how major or minor. It is emphasised that the team comprises qualified First Aiders and the intermittent services of a qualified Nurse, not trained doctors.

In the event of an accident all members of staff should be aware of the support and the procedures available. Generally, the consequences of taking *no* action when an accident happens are likely to be more serious than trying to assist in an emergency. Staff should do their best to secure the welfare of the injured person.

The provision of First Aid must be available at all times. This includes school trips, physical education and at other times when the school premises are being used for events.

A risk assessment is necessary to identify First Aid needs and ensure adequate provision is made. It should take into account:

- Students with specific conditions, such as asthma and allergies
- Specific hazards at the site eg. around the College, event host, field trip
- When to seek help
- The documentation of treatment administered

All First Aiders will have either attended a recognised First Aid course approved by the Health and Safety Executive or have been trained in-house by our Medical personnel who hold a first aid instructor's certificate. Certificates are valid for one or three years. Refresher training should take place before the certificate expires. Once the certificate is no longer valid, a full course of training has to be undertaken and annual refreshers are provided in-house, usually in the first week of the September Term prior to students arriving. It is important that First Aiders are reliable, have the ability to cope with stress and possess good communication skills. First Aiders must only give the First Aid treatment for which they have been trained.

All staff should be aware of who the First Aiders are and the location of the First Aid boxes. These details can be found in the staff handbook, a copy of which is in the staff room.

See attached Appendix for full list of First Aiders and site of First Aid boxes

First Aiders will:

- Attend a casualty when requested to do so and treat the casualty to the best of their ability in the safest way possible. This includes wearing gloves where loss of blood or body fluid is evident, calling for help from other First Aiders or emergency services. Non latex gloves are provided in each First Aid box.
- Help fellow First Aiders at an incident and provide support if necessary
- Act as a person who can be relied upon to help when the need arises
- Insist that any casualty who has sustained a significant head injury is seen by professionals at the hospital, either by sending them directly or asking a parent/guardian/family member/colleague to collect the casualty and take them themselves
- Arrange for parent/guardian/family member/colleague to be contacted if the casualty has to go to hospital
- Keep a record of each casualty attended to, the nature of the injury and any treatment given. The Accident Book in the 35 Star Hill Office must be completed by the appropriate person.
- Ensure everything is cleared away, using gloves, and every dressing etc put in a yellow bag for contaminated/ used items and sealed tightly before disposing of the bag in a bin. Any bloodstains must be washed away and no contaminated or used items should be left lying around.

The First Aid boxes are regularly checked and maintained by the nursing team. Staff have a duty to inform them if items are running low or have run out.

The administration of Paracetamol/Ibuprofen, are not routinely part of a First Aider's duties, unless they have received the specific Medicine Handling training given by the College nursing Team.

Procedures

Casualties who suffer an accident but are well enough to walk should be sent to the nearest office, where the First Aider will attend to them. The casualty may be accompanied by another person.

Casualties who are not well enough to walk should be kept in situ and a message sent to the nearest available First Aider who will then attend and take the necessary action. If the College Nurse is on site then they should be called as well. If the First Aider feels that he/she cannot adequately deal with the situation then they should call the emergency services.

In case of an emergency, dial 9 for an outside line and then 999 for emergency services. Ask for an ambulance and be ready with the following information:

- College telephone number - 01634 828115
- College address
- Exact location of accident and easiest access to site
- Your name
- Details of the accident and injury

No *student* should be sent to hospital without parent/guardian involvement, the exception being an emergency. It is the responsibility of the First Aider to contact a parent/guardian and request that they either come to the College to accompany the student to the hospital or meet the student at the hospital itself. If a parent/guardian is not available, the First Aider is responsible for arranging a member of staff to accompany the student.

Accident/Incident reports

In the case of an accident on College premises, the Accident Book must be completed and co-ordinated through a First Aider. The Accident book is located in the HR Office 31 Star Hill.

David Morris, Facilities Manager, is responsible for reporting to the HSE accidents which fall under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 and filling in a RIDDOR report. If the following accidents injure either the College's employees during an activity connected with work, or self-employed people while working on the premises, they must be reported:

- Accidents resulting in death or specified injury, including as a result of physical violence
- Accidents which prevent the injured persons from doing their normal work for more than seven days, including acts of physical violence

If the following accidents involving students or visitors occur they must be reported:

- The person involved is killed or taken from the site of the accident to hospital **and**
- The accident arises out of, or in connection with, a school activity

- A specific dangerous occurrence, where something happened that did not result in injury, but could have done

We make every effort to minimise the risk of accidents occurring but it must be recognised that they may still occur. The First Aider will deal with the accident and call an ambulance if necessary. Details will be recorded in the HSE accident book, which is kept in 35 Star Hill office 31.

Administration of medicines

Over the counter medicines are stocked by the school in: the medical room, Gordon House, the boarding hub and Gainsborough Admin office.

Medications are only to be issued by staff who have undergone Medicine Handling training who must complete details on Orah or the google Drive documents 'Medication Administration 2022-2023'

Please state:

- date
- time
- student name
- symptoms
- action taken eg how many tablets; balance of tablets
- Any follow up required

Body spillage/HIV

The following rules must be adhered to when treating accidents which involve the spilling of blood/body fluids:

- Gloves must be worn wherever possible
- All contaminated materials must be disposed of appropriately, eg placed in a yellow bag which must then be securely sealed.
- Spills of body fluids – blood, faeces, nasal and eye discharges, saliva and vomit, must be cleaned up immediately and a student or other member of staff should be sent to contact the House keeping.
- Wear disposable gloves and mask. Be careful not to get any of the fluid you are cleaning up in your eyes, nose, mouth or into any open wounds.
- The use of spill kits, crystals or incopads can be utilised to clean up some body fluids. These can be obtained from the medical room.
- Clean and disinfect any surfaces on which body fluids have been spilled. Disinfectant cleansers and wipes can be obtained from a First aid supplier via David Morris.
- Discard fluid-contaminated material in a plastic bag along with the disposable clothing you have worn. The bag must be securely sealed and disposed of appropriately via clinical waste bin or Clinical Waste Removal.

First Aid emergencies

Unconsciousness

A faint is a brief loss of consciousness of no more than momentary duration.

- If a student feels unsteady or faint, lower them down to a sitting position on the floor, this will secure them from further injury if they do become faint or pass out.
- If a student faints, lay them down with their legs raised. Open the airway by lifting the chin using two fingers under the chin and tilting the head back with the other hand on the forehead. Loosen the tie and any tight clothing.
- If a student remains unresponsive call 999 for further assistance and put them in the recovery position.

Bleeding

Bleeding can be stopped by putting pressure either on the wound or around the wound, elevate if possible and rest. Tourniquets are provided in each first aid kit and should be placed tightly around limb proximal to the wound by approximately 3cms. Send for the First Aider immediately.

Choking

Difficulty in speaking and breathing, coughing and distress, inability to speak.

Encourage the casualty to cough, bend casualty forward and give up to 5 sharp slaps between the shoulder blades with one hand.

Check mouth to see if obstruction has been removed.

If choking persists, stand behind the casualty and put one fist between their navel and the bottom of their breastbone. Grasp your fist with your other hand and pull sharply inwards and upwards up to 5 times. If the obstruction is still not cleared recheck the mouth for any object and remove it if possible. You can repeat this cycle up to 3 times. If the obstruction has still not been cleared call for an ambulance immediately. Continue the sequence until help arrives. If the casualty loses consciousness, please follow algorithm for unconsciousness.

Burns

All burns from whatever cause should be cooled in cold water for at least 10 minutes and at least 20 minutes for chemical burns. DO NOT APPLY LOTIONS OR CREAMS. All burns should be seen by the First Aider.

Fractures

Suspected or actual fractures must be immobilized. This is particularly important in the case of neck, back or skull fractures. Do not move the casualty unless it is imperative to their safety. Support the suspected fracture and send for help.

Particular Medical conditions

The medical conditions in students which most commonly cause concern are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis). This guidance provides some basic information about these conditions but it is beyond its scope to provide more detailed medical advice and it is important that the

needs of students are assessed on an individual basis. This is done with the College Nurse and welfare plans are put in place for the individual students in collaboration with the personal tutors/hostel staff.

There are number of conditions which a teacher may encounter and the following notes are intended to act as guidance only whilst the First Aider or other help is on its way:

Asthma

Asthma is a condition in which the muscles of the air passages go into spasm, narrowing the airways making it difficult to breathe (particularly breathing out). Asthma attacks can be triggered by an allergy - common ones include grass pollen, chalk dust, animal fur and house dust mites; nervous tension and exercise.

Asthma attacks are characterised by:

- Wheeziness, especially breathing out.
- Distress and anxiety; may speak only with difficulty and in whispers
- Blueness of skin

If the attack lasts for more than 5-10 minutes, call an ambulance.

If the attack is severe, the effort of breathing will exhaust the casualty. If the casualty falls unconscious, open the airway and check for breathing; and follow the unconscious algorithm

Treatment:

- Reassure and calm casualty, do not reposition casualty, allow to sit however comfortable for them as the bodies natural instincts will assist air intake.
- Encourage casualty to use pump if available; if not send immediately for the First Aider. If is helpful if parents provide College with a spare inhaler for their child's use in case the first one is left at home or runs out. Spare inhalers must be clearly labelled with the student's name and stored safely.

The medication of any individual student with Asthma will not necessarily be the same as the medication of another pupil with the same condition. Although major side effects are uncommon for the most frequently used Asthma medications, they do exist and may sometimes be made more severe if the student is taking other medication.

Students should not take medication which has been prescribed for another student. If a student took a puff of another student's inhaler there are unlikely to be serious adverse effects however, College should take appropriate action if inhalers are misused by the owner or other students.

Legislation from 2015 now allows schools and colleges to have a stock of Salbutamol rescue inhalers for students to use in an emergency. **ONLY STUDENTS WHO HAVE A PRESCRIPTION FOR SALBUTAMOL SHOULD USE THIS STOCK.** A salbutamol inhaler and disposable spacer devices are available from the medical room in 23 Star Hill, the gym and the new road house admin office.

Students with Asthma should be encouraged to participate as fully as possible in all aspects of school life although special consideration may be needed before undertaking some activities. They must be allowed to take their inhaler with them on all off-site activities. Physical activity will benefit asthmatic students in the same way as other students. They may however need to take precautionary measures

and use their inhaler before any physical exertion. They should not be forced to take part if they feel unwell.

The health care plan should identify the severity of a student's Asthma, individual symptoms and any particular allergies.

If a student is having an attack the person in charge should prompt them to use their reliever inhaler if they are not already doing so. It is also good practice to reassure and comfort them whilst, at the same time, encouraging them to breathe slowly and deeply. They should sit rather than lie down. If the medication has had no effect after 5-10 minutes, or if the student appears very distressed, is unable to talk and is becoming exhausted then medical advice must be sought and/or an ambulance called. It is estimated that 1 in 7 children have asthma.

Medication and control

There are several medications used to treat Asthma. Some are for long term prevention and some relieve symptoms when they occur (although these may also prevent symptoms if they are used in anticipation of a trigger e.g. exercise.)

Most children with Asthma will relieve their symptoms with medication using an inhaler. It is good practice to allow a child with Asthma to take charge of and use their inhaler from an early age, and many do.

A small number of children, particularly the younger ones, may use a spacer device with their inhaler with which they may need help. In a few severe cases, children use an electrically powered nebulizer to deliver their Asthma medication.

Each student's needs and the amount of assistance they require will differ.

Asthmatic students must have immediate access to their reliever inhalers when they need them.

Students who are able to use their inhalers themselves can usually carry them with them. If a student is found to have an inhaler that staff are not aware of, please direct them to the Nursing team as soon as possible for appropriate risk assessment. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place and clearly marked with the student's name. Inhalers should also be available during sports activities.

Epilepsy

People with epilepsy have recurrent seizures, the greater majority of which can be controlled by medication. Over 1 in 200 school children have epilepsy and about 80% of them attend mainstream schools. Parents may be reluctant to disclose their child's epilepsy to the school. A positive school policy will encourage them to do so and will ensure that both the pupil and staff are given proper support.

Not all children with epilepsy experience major seizures (the term 'fit' is outdated, and specifically relates to convulsive seizures, whilst many types of seizure activity may not present with physical symptoms). For those who do the nature, frequency and severity of the seizure will vary greatly between individuals. Some may exhibit unusual behaviour, experience strange sensations or become confused instead of, or as well as, suffering convulsions and/or loss of consciousness. Seizures may be partial. Affecting one of the senses or only part of the body, or generalised.

Common types of seizures:

- Absence seizures: are very common in children and young people. The person becomes unconscious for a very short time. They will not respond to what is around them, and may carry on walking but not be aware of what they are doing
- Focal impaired awareness seizures: the person may be conscious and will usually know that something is happening but will not react normally or appropriately. If speaking loudly to them they may become aggressive due to fear or self defence. It may be hard to tell when the seizure has ended as the person may remain confused or be very tired. Usually the person will not remember the seizure occurred.
- Myoclonic seizures: 'muscle jerk'. Brief episodes but often occur in clusters. The person is normally conscious but are classified as general seizures as they will often be diagnosed with more than one type of seizure.
- Tonic/atonic seizures: In a tonic seizure the person's muscles suddenly become very stiff. They tend to be very brief and happen without warning. If standing they may fall backwards and hurt the back of their head. An Atonic seizure is the opposite. Muscles become very relaxed and floppy. The person may fall forward and injure the front of their face. With both of these seizures people usually recover quickly, apart from possible injuries.
- Tonic clonic seizures: These are the seizures most people think of when they think epilepsy. Initially the person becomes unconscious and their muscles become stiff. The person will then jerk and shake rhythmically as their muscles tighten and relax repeatedly. They may we themselves, and their skin may become pale due to their breathing being affected. After the seizure they may be confused, suffer from a headache and be very tired (referred to as the 'postictal' phase)

Information taken from <https://epilepsysociety.org.uk/about-epilepsy/epileptic-seizures/seizure-types>

Medication and Control

The symptoms of most children with epilepsy are well controlled by modern medication and seizures are unlikely during the school day. The majority of people with epilepsy experience for no known cause, although tiredness, stress, and other episodes of acute illness can sometimes affect a student's susceptibility. Flashing or flickering lights, video games and computer graphics, and certain geometric shapes and patterns can be a trigger for seizures for some people.

Screens and/or different methods of lighting can be used to enable photosensitive pupils to work safely on computers and watch TVs. Parents should be encouraged to tell schools of likely triggers so that action can be taken to minimise exposure to them.

Pupils with epilepsy must not be unnecessarily excluded from any school activity. Extra care and supervision may be needed to ensure their safety in some activities such as swimming or working in science laboratories. Off-site activities may need additional planning, particularly overnight stays. Concerns about any potential risks should be discussed with pupils and their parents and, if necessary, seeking additional advice from the GP, paediatrician or College Nurse.

Some children with tonic clonic can be vulnerable to consecutive seizures which, if left uncontrolled, can result in permanent damage. When drawing up health care plans, parents should be encouraged to tell schools about the type and normal duration of seizure their child has, so that appropriate safety measures can be identified and put into place.

Nothing must be done to stop or alter the course of a seizure once it has been done except when medication is being given by appropriately trained staff. The pupil should not be moved unless he/she is in a dangerous place, although something soft can be placed under his/her head. The pupil should not be restrained and there should be no attempt to put anything in the mouth. Once the convulsion has stopped, the pupil should be turned on his/her side and put into the recovery position. Somebody should stay with the pupil until he/she recovers and re-orientates. Call an ambulance if the seizure lasts longer than usual or their condition deteriorates .

Diabetes

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. About 1 in 700 school-age children is diabetic. Diabetics normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly.

Medication and control

The diabetes of the majority of school-aged children is controlled but two injections of insulin each day. It is unlikely that these will need to be given during school hours. Most children can do their own injections from a very early age and may simply need supervision if very young, and also a suitable private place to carry it out.

Children with diabetes need to ensure that their blood glucose levels remain stable and may monitor their levels using a testing machine at regular intervals. They may need to do this during the school lunch break or more regularly if their insulin needs adjusting. Most children will be able to do this themselves and will simply need a suitable place to do so.

Children with diabetes must be allowed to eat regularly during the day. This may include eating snacks during class time. Colleges may need to make special arrangements for diabetic pupils if the school has staggered lunchtimes. If a meal or a snack is missed, or after strenuous activity, the pupil may experience hypoglycaemic episode during which his/her blood sugar level falls to too low a level. Staff in charge of sports classes or other activity sessions should ensure that glucose tablets or a sugary drink are to hand.

Hypoglycaemic Reaction

Staff should be aware that the following symptoms are indicators of a hypo in diabetic child

- Hunger
- Sweating
- Drowsiness
- Pallor
- Glazed eyes
- Shaking
- Lack of concentration
- Irritability

Each pupil may experience different symptoms and this should be discussed when drawing up their healthcare plan.

If a pupil has a hypo it is important that a fast acting sugar such as glucose tablets, a sugary drink or a chocolate bar is given immediately.

Slow acting starchy food such as a sandwich, two biscuits and a glass of milk should be given once the pupil has recovered 10 or 15 minutes later. If a pupil's recovery takes longer, or in cases of uncertainty, call an ambulance.

Greater than usual need to go the toilet or to drink, tiredness and weight loss may indicate poor diabetic control, and schools will naturally wish to draw any such signs to the parents' attention.

Anaphylaxis

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. The most common cause is food, in particular nuts, fish and dairy products. Wasp and bee stings can also cause allergic reactions. In its most severe form the condition can be life-threatening, but it can be treated with medication. This may include antihistamine or adrenaline injection depending on the severity of the reaction.

Medication and Control

In the most severe cases of anaphylaxis people are normally prescribed the epi-pen. This is pre-loaded with the correct dose of adrenalin and is normally injected into the fleshy part of the thigh. The needle is not revealed and the injection is easy to administer. It is not possible to give too large a dose using the epi-pen. In case of doubt it is better to give the injection than to hold back. Responsibility for giving the injection should be on a purely voluntary basis and should not, in any case, be undertaken without training from an appropriate health professional.

For some children the timing of the injection may be crucial. This needs to be clear in their health care plan and suitable procedures put in place so that swift action can be taken in an emergency. The pupil may be old enough to carry his/her own medication, but if not a suitable safe but accessible place for

storage should be found. If a pupil is likely to suffer a severe allergic reaction, all staff should be aware of the condition and know who is responsible for administering the emergency treatment.

Parents will often ask for the school to ensure that their child does not come into contact with the allergen.

This is not always feasible although schools should bear in mind the risk to such pupils at break and lunchtimes and in cookery and science classes, and seek to minimise the risk whenever possible. It may also be necessary to take precautionary measures on outdoor activities or school trips.

Allergic Reactions

Symptoms will normally appear after exposure to the allergen. These may include

- A metallic taste or itching in the mouth
- Swelling of the throat or tongue
- Difficulty in swallowing
- Flushed complexion
- Abdominal cramps and nausea
- A rise in the heart rate
- A drop in blood pressure
- Collapse or unconsciousness
- Difficulty breathing

Treatment

Stay calm, call for help and encourage the person to administer their epipen. If they are unable to do so, find out where their epipen is and administer it according to instructions on the pen. Epipens for students are kept in the main office, in easy reach, of the schools they belong to ie, Year 7-10 in New Road House, Year 11 in Finland office, Year 12-13 in New Court office.

Each pupil's symptoms and allergens will vary and will need to be discussed when drawing up the healthcare plan. Call an ambulance immediately if there is any doubt about the severity of the reaction or if the pupil does not respond to the medication.

Sepsis

Sepsis is a potentially life-threatening condition. In sepsis, the body's immune system goes into overdrive as it tries to fight an infection. This can reduce the blood supply to vital organs such as the brain, heart and kidneys. Without quick treatment, sepsis can lead to multiple organ failure and death. The risk of sepsis is highest in infants and older adults from around 55 years of age, but can happen at any age.

Key messages: Sepsis is a rare but serious complication of an infection. If someone has any of these symptoms you should take immediate action:

- are breathing very fast
- have a seizure or convulsion
- look mottled, bluish, or pale
- have a rash that does not fade when you press it

-are very lethargic or difficult to wake

-feel abnormally cold to touch

Catching it early can improve chances of treatment and prevent death, so if someone has any of these symptoms don't be afraid to take them to A&E immediately or call 999.

First Aid Boxes

15 Star Hill - Gordon House – Entrance

Art Block - Main Studio

Gym - inside front door

17 Star Hill - ground floor lobby

19 Star Hill - ground floor lobby

23 Star Hill - Medical room

25 Star Hill - ground floor lobby

27 Star Hill - ground floor lobby

33 Star Hill - Entrance Hall + labs

37 Star Hill - Office + Canteen + Labs

39 Star Hill - Labs

New Road House - Office + Canteen

New Court – Ground floor and First Floor Offices

Workshop

Finland House - Office + 2nd Floor Communal Area (adjoining Gainsborough)

Gainsborough - Admissions/Exams Office + 2nd Floor Communal Area (adjoining Finland House)

Dickens House & Laundry

First Aid boxes are checked monthly for correct contents and use by dates.

Anyone needing First Aid should be taken/sent to the nearest Admin Office for assistance

Created/Updated	Author	Approved by	Date
September 2017	AMB & ME	AB	September 2017
September 2018	AMB	AB	September 2018
July 2019	AMB	AB	July 2019
October 2020	PN & ES	AB	October 2020
August 2021	AMB	AB	August 2021
December 2021	DM	AB	December 2021
August 2022	BJW	KF	August 2022