

Felixstowe International College

First Aid Policy



Policy

Felixstowe International College takes the safety and wellbeing of our students and staff very seriously. 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.

There are always at least two members of staff who have undertaken First Aid Training Level 1 in the school or the boarding house at any one time. The House Mother and Deputy Principal have both attended the First Aid at Work Course and the Deputy Principal has attended the Schools' First Aid, including Epipens. First Aid Certificates are valid for three years.

Garrison lane is not being used with effect from October 2018.

What we will do

The following people are trained First Aiders and can be called upon to assist in the event of an accident:

Ms Chaerin Lee – Deputy Principal

Mrs Joyce Jennings – House Mother

Mrs Jean Chivers – Deputy House Mother

Pastor Lee – House Parent

Peter Kim - Principal

The following people received basic in-house first aid training, Mrs Hansuk Lee, Mrs Muriel Perry, Mr Taeyoung Yun

Location of First Aid Boxes

Maybush House

Main Kitchen

Staff Room

Girls' Clean Clothes Area

Restock items Room 32

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In the event of an accident or illness on the Maybush Lane site, one of the above first aiders must be called. In the boarding houses, in the first instance the House Parent on duty should be called.

First aid boxes in the above rooms will be checked at the beginning of each half termly by the House Mother. House Mother to date and sign the check sheet. Staff who use items from the boxes are requested to complete a notification slip, which is found in the box and hand it in to the office. The House Mother will then restock the first aid box.

Portable first aid kits are checked by the House Mother before being issued for use on school trips.

First Aiders are responsible for:

- Responding to first aid situations, including emergencies and common illnesses and injuries.
- Assessing the emergency and calling the Emergency Services
- Looking after and restocking the first aid boxes
- 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

In the event of an emergency, any member of staff should do what they can to assist. Whoever deals with the incident, must enter details in the accident book, giving details of how the accident took place, and the treatment given. Accident Books are kept at Maybush Lane

If an accident at schools requires treatment at hospital, such as fractures, then the Health & Safety Executive (RIDDOR) must be informed within 7 days.

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 Policy. The Principal or Deputy Principal must report the following incidents to the HSE:

- Death.
- Major Injury – report if student is away from their studies because of the injury for more than 7 days, not counting the day of the injury (report 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;

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- 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.

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 Principal or Deputy Principal. This notification must be followed up within 10 days with a written report, which is the required time of notification for all other reportable injuries. The Principal or Deputy Principal will be notified of all HSE reported incidents/accidents; this includes any RIDDOR reportable accidents that involve contractors on site. The Principal or Deputy Principal are responsible for contacting parents /guardians to make them aware of any first aid required or injury sustained by Students.

On Site - We are in a very fortunate position at FIC as we have a by- appointments Minor Injuries Unit at Felixstowe General - our small cottage hospital in Felixstowe, which is approx 2 minutes drive from the College. Calling an ambulance would take much longer than actually taking the patient to Felixstowe General Hospital, as ambulances come from Ipswich.

Treatment that requires a visit to A & E:

All accidents/injuries/illness where it is **not dangerous** to move a patient, such as:

Minor broken bones, such as wrist where it will not be dangerous to move patient

Suspected appendicitis

Severe unaccountable protracted pain

Suspected meningitis

Profuse bleeding

Drug overdose

Asthma attack

Difficulty breathing

Anaphylaxis

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Injury that necessitates calling an ambulance:

Anything life-threatening where the patient cannot be moved

Suspected broken bones where patient cannot be moved

Head injury

Suspected heart attack or stroke

Drowning

Electrocution

Epilepsy if the patient has the seizure for more than 5 mins

If an accident happens off site, then once again full details must be written in the accident book, and the staff message book, to enable House Staff to continue appropriate treatment.

Locally, there will always be trained first aiders at Swimming Pool and Leisure Centre, and any treatment given by them, or any other first aider, must be entered into the accident book and staff message book.

Guidance on dealing with spillage of body fluids

Spillages of blood, vomit, urine and excreta should be cleaned up promptly. The following general actions must be taken by the person dealing with the spill:

- Clear the immediate area of people. Hazard signs and cordoning may be necessary, according to the circumstances.
- Disposable personal protective equipment (PPE), including gloves or equivalent and a disposable plastic apron must be worn.
- Any spilt blood or other body fluids should be cleaned up, with disposable absorbent paper towels. Dispose absorbent towels and latex gloves inside the clinical waste bin in the san.
- Ensure the area is cleansed with a suitable antiseptic solution.

Medication

Medication may only be given to students by the Deputy Principal or House Parent or staff that have been trained in giving medication, in line with our Medication Policy 2018

Manual Handling – Training

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All staff could be injured by picking up heavy objects incorrectly. To avoid this, staff were given a brief training course and instructed by Ex Fire-Officer Chivers in the correct way of lifting anything heavy. (December 2016).

Trolleys are always available which can be pushed around the school. The kind of injuries caused by incorrect lifting are mainly back injuries and arm injuries. Should any injury occur, details must be put in the accident book, which is kept in the filing cabinet in the office in Garrison Lane, or the First Aid cabinet in Maybush House.

Our maintenance man has also undergone training in using ladders safely.

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

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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 999 immediately to get the ambulance on the way – **VERY IMPORTANT – SAY SUSPECTED ANAPHYLAXIS.** If the patient has an adrenaline autoinjector, help her to use it. If the First Aider is trained she can administer it if the patient is not able. Monitor breathing, pulse and levels of response whilst waiting for the ambulance.
- Ring the House Mother or Deputy Principal – state what has happened so that they can bring the appropriate medication to the location. Locate the nearest first aider to come and assist. Use an adrenaline device for the person.
- Stay in the immediate area to assist the First Aider 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

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- 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, and tobacco smoke, furry and feathery animals, air pollution, laughter, excitement and stress.

Do . . .

- Keep calm and reassure the patient.
- Encourage the pupil to sit up and slightly forward – do not hug them or lie them down. If she has her relief inhaler (normally blue one) she should take her usual dose.

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

- Ring the House Mother or Deputy Principal – state what has happened so that they can bring the appropriate medication to the location. Locate the nearest first aider to come and assist.
- A mild attack should ease in a few minutes. If not, one or two puffs every two minutes, up to 10 puffs. If no effect, or a severe case, ring 999.
- Stay in the immediate vicinity to assist/direct the Emergency Services
- Ensure that appropriate medical 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*.

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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 House Parent or Deputy Principal - state what has happened so that they can bring the appropriate medication. Locate the nearest first aider to come and assist
- Ring 999 first aid trained staff to assess the casualty and ascertain the requirement of further emergency call at this time.
- Protect the person from injury – (remove harmful objects from nearby).
- Stay in the immediate vicinity to assist the House 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

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- 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 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

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- 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 Deputy Principal – state what has happened so that they can bring the appropriate medication. Locate a first aider to come and assist.
- Ring 999 staff to assess the casualty and ascertain the requirement of further emergency call at this time
- Protect the person from injury, sit them down and reassure them.
- Stay in the immediate vicinity to assist Emergency Services
- Ensure that accident forms are filled out if appropriate.

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*Statistics taken from The Department for Children, Schools and Families

Head Injury

It is advised that all students who sustain a head injury should be referred to the House Mother/Deputy Principal for assessment. They 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 student must be medically assessed before getting on the coach back to school.

Head Injury as a result of Sport:

The School's First Aid, Off Site Policy and Risk Assessments dictate that a First Aider will be present at any matches that might be arranged. 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. 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 ambulance for transport from the pitch would be considered most appropriate

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All patients presenting with a head injury should have the following information recorded on their file

- Onset of injury
- Mechanism of injury
- If any LOC at the time or since
- Any amnesia for events immediately before or after the injury
- Any spinal symptoms

Ideally history and examination should be recorded.

In addition all patients should have recorded:

- Blood Pressure
- Pulse
- Respirations
- Pulse Oxygen saturation
- GCS Scale
- Pupil size and reaction

Patients complaining of any of the following symptoms should be taken to the Grove Medical Centre or Felixstowe General Hospital for further observation

- Dizziness (without LOC)
- Nausea (without vomiting)
- Headache
- 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

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Discharged Patients will be discharged based upon the Nurses/Doctors assessment once symptoms have resolved. All students should be given a Head Injury Advice Sheet and advised to return if develops any symptoms. Please ensure that a member of House Staff is aware that they have suffered a head injury and are returning to House.

Off Games Following a concussion or suspected concussion

All students will be assessed by the local GP before resuming games. It is likely that they will need a statutory period of 2 weeks off games followed by a programme of Graduated Return to Play (GRTP) Any player taken off pitch with concussion/suspected concussion should not return to play that day under any circumstance.