

WINCHESTER COLLEGE

FIRST AID

Implementation Date	03 November 2007
Review Date	03 December 2019
Next Review Date	02 December 2020
Author	SFJ
Approved	H&S Committee December 2015

Introduction

The Health and Safety (First Aid) Regulations 1981 place a duty on the College to make adequate first aid provision for its employees, should they become ill or injured at work. The associated Approved Code of Practice (ACoP) to the Regulations expands on this, giving details of what is classed as adequate.

The following are the provisions contained within *Regulations 3 and 4*:

- *Regulation 3 (1)* requires provision of such equipment and facilities as are adequate and appropriate in the circumstances for enabling first aid to be rendered to employees if they are injured or become ill at work.
- *Regulation 3 (2)* requires provision of an adequate number of trained personnel to render this first aid.
- *Regulation 3 (3)* allows for competent persons to cover for temporary and exceptional absences of trained first-aiders.
- *Regulation 4* requires employers to inform their employees of the arrangements made for first aid, including the location of equipment, facilities and personnel.

Number of First Aiders

To be classed as a trained first-aider, the designated employees must have undertaken a course approved by the HSE, and any necessary refresher training. HSE governed first aid qualifications last for three years; therefore for an employee to maintain their qualification, it must be updated before the third anniversary of the last certificated training course they attended and passed. The Health & Safety Officer can be contacted to assist in arranging training.

The two main types of qualifications for first aid are:

- First Aid at Work: (3 day Qualification)
- Emergency First Aid at Work: (1 day qualification)

There are no set limits for numbers. These must be decided after considering:

- nature of work and levels of risk involved
- size and location of workplace and distance from medical facilities
- hours of work.

However, the ACoP suggests that the number should never be fewer than 1 trained first-aider for every 50 employees. Where shift work or long hours are worked, adequate cover must be provided throughout the working period. Where there are specific hazards, which are outside the normal approved syllabus, it is the employer's responsibility to ensure that necessary additional training and facilities are available. Examples are a danger of poisoning by certain substances or burns from hydrofluoric acid.

The number of qualified first-aiders in the College is far in excess of the recommendations from the government. However, it is the responsibility of each department and boarding house to ensure that it has sufficient first-aiders either within their own site, or the provision of another first-aider has been sought from an adjacent or local site. This information must be made available to all the departmental or boarding house employees. Two up-to-date lists of first aid qualified personnel can be found on the College Portal. The Porters' Lodge can be contacted to coordinate the services of first aid qualified personnel and direct them to where they are required.

The Boarding Houses have identified the roles that require first aid training:

Housekeeper / Matron – First Aid at Work

Housemaster and Relief Matron – Emergency First Aid at Work

The Boarding Houses are also encouraged to train one other person to the Emergency First Aid at Work standard.

To fulfil our requirement of all school trips having first aid trained personnel attending, a rolling programme of training almost all academic staff is in place. In most cases the gaining of this qualification takes place as part of the September training day and is organised by the H&S Officer and Deputy Head (Academic).

First Aid Boxes

Each department should have either its own first aid box or a box shared with an adjacent department. It is the responsibility of the department to ensure that the box is maintained to the required level. Each area of the College must ensure that all relevant persons are made aware of the first aid facilities and who the trained first aiders are. This information must be specified quite clearly in each area's own *Code of Practice and be reviewed regularly. The area in which the first aid box is kept must be conducive to keeping the casualty calm; for example, in the Surgery (Boarding Houses), DoS's office (Flint Court), *First Aid room (PE Centre.)* The H&S Officer maintains a log of where all the first aid boxes are located across the campus.

The College agrees with the following ACoP guidelines for the contents of the boxes.

Kit size: 1 - 10 people

1 x first aid guidance leaflet
4 x medium ambulance dressings
1x large ambulance dressing
2x triangular bandages
6 x safety pins
2 x eye pads
40 x adhesive dressings
20 x non alcohol wipes
1 x tape
6 x gloves
2 x sterile finger dressings
1 x face shield
1 x foil blanket
1 x burns dressing
1 x bandage and clothing shears
1 x conforming bandage

Replacement contents can be ordered by prior arrangement with the Medical Centre.

First aiders must not administer homely remedies to an employee.

The School has three defibrillators on site which are located in the Porters' Lodge, the Medical Centre and the PE Centre.

*(*All School areas Codes of Practice are reviewed annually by the Winchester College central audit that takes place during Short Half for the Houses and Common Time for the departments.)*

Accident Book / Pages

Each area of the College (department or Boarding House) must have its own accident book (or loose accident forms). The College supports the HSE decision to have an accident book with tear out pages. This way all recorded accidents can be removed from the book and stored confidentially and safely. All records of accidents must be kept for a minimum of three years from the date of the accident.

There are new accident forms (and a guidance document) on the College Portal System for use once your accident book has been used. It is essential that the accident form is completed clearly and that the H&S Officer is informed of all accidents in order to identify and/or to prevent them from developing. Housemasters, Matrons and, in most cases, the Medical Centre must be informed of any accident that affects a pupil of the College, irrespective of where on College grounds the accident happened. In the event of a significant illness or injury the parents (or a nominated other person) will be informed by the Medical Centre of the incident and any associated outcome. Less significant injuries or illnesses will be individually assessed by the Matron or a school nurse before contact is made with the parents (or a nominated other person).

RIDDOR

RIDDOR means the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, which came into force on 1 April 1996. These regulations require the reporting of work-related accidents, diseases and dangerous occurrences.

Should an employee have an accident at work which results in

- over seven days absence from work because of sickness
- a major injury or condition
- a fatality,

the Health and Safety Officer should be contacted immediately.

(N.B. If a non-employee has an accident and requires hospital treatment, this too should be reported to the Health and Safety Officer.)

Responsibilities of Trained First-Aiders

First-aiders are expected to operate responsibly and within the knowledge acquired through their first aid training only. They must be prepared to treat any person in need of first aid who is on Winchester College property. Should a first-aider deem a circumstance to be outside the scope of their first aid training, an ambulance may be required and 999 must be called. Additional information may be required from the following sources:

- **Medical Centre** – if the first aid emergency concerns a pupil, the Medical Centre may be contacted at any time for advice and background medical history.
- **Bursary** – if the first aid emergency concerns an employee, the H&S Officer (or, in her absence, the Works Bursar) can be contacted during office hours for background medical history.

First-aiders must make a judgement as to whether an illness or medical-related condition requires an emergency 999 call. The most likely scenarios are:

- Epilepsy
- Diabetes
- Asthma
- Anaphylaxis.

If the First Aider has concerns regarding any injury/illness and believes the patient to be in danger (e.g. suspected anaphylactic reaction, hypoglycaemic, having a seizure, altered level of consciousness or significant blood loss), an ambulance should be called immediately. The Medical Centre may be contacted during term time for additional support.

It is essential that any relevant medical information is passed on to the paramedics. The Porters must also be informed that an ambulance will be coming to the College should any gates or barriers need to be unlocked.

Pupils, either of the College or from a visiting school, must always be accompanied in the ambulance by an appropriate adult.

Body Fluids

First-aiders must be aware of all safety measures regarding body fluid spillages. Please refer to the Infection Control Policy on the College Portal.

Winchester College fully indemnifies its staff against claims for negligence arising from the administration of first aid to employees or *third parties, provided the members of staff are acting within the scope of their employment at the time; hold a current approved first aid qualification; and are following the guidance of their training.

**the term 'third party' refers to any non employee of the College.*

First-aiders should give one month's notice if they do not wish their first aid qualifications to be renewed.

Useful Information:

Winchester College Medical Centre – 01962 621228

(Contact Nurse for First Aid – *Health Care Assistants, Medical Centre*)

H&S Officer, The Bursary 01962 621208

Both lists of First Aid Qualified Personnel can be found on the College Portal. Please access first 'Bursary' click on the 'Health and Safety' page; the lists are under the heading of 'First Aid Information'.

APPENDICES

I Allergies

II Asthma

III Diabetes

IV Epilepsy

APPENDIX I

ALLERGIES

Aim:

To outline the School's procedures for caring for boys with allergy, including a suspected anaphylactic reaction, and to ensure that the best possible support is in place for both pupils and staff in relation to allergy.

Identifying pupils with allergy:

- Allergy information is transferred from a pupil's medical arrangements form, on admission to Winchester College, to the school database. Winchester College Medical Centre (WCMC), Housemasters and Matrons all have ready access to this information. Any boy who has an Adrenaline injector device e.g. Epipen, Anapen or Jext, also has this information highlighted on the school database and the Lead Nurse contacts the relevant housemaster and matron prior to his arrival to discuss individual requirements.
- Any boy with an allergy to an allergen that may be present on campus, perhaps a substance used in Science or Art lessons for example, would be discussed on an individual basis and the necessary staff informed of any action that needs to be taken.
- Boys prescribed Adrenaline injectors are also added to a photographic register, with their allergies listed, which is then circulated to all matrons to display in appropriate places within the boarding house, and must include the kitchen. This list is sent to all matrons, regardless of medical histories within a House, and is amended as necessary by the Lead Nurse.
- Staff taking boys on School trips are able to access allergy information by requesting a medical information report from the school office prior to a trip. Staff are encouraged to ask WCMC if they have any queries regarding any medical conditions and to request an update on allergy and how to give Adrenaline, if required. Overseas trips are discussed in further detail with the Trip Organiser, and a letter is requested from the School Doctor to ensure safe carriage of any Adrenaline injectors on airlines.

Care of boys prescribed an Adrenaline injector:

- Any boy prescribed an adrenaline injector must have an individual management plan. This should include a detailed action plan in the event of a suspected anaphylactic reaction i.e. specific allergy, likely symptoms, location of emergency medicines and emergency contact numbers. This plan must be reviewed at least annually by a school nurse.
- Copies of the individual management plan should be kept in the emergency protocol folder at WCMC and with each pupil's emergency medicines box. The emergency medicines box must be kept in an easily-accessible place in the boarding house where the pupil resides.
- *Copy of the plan should be given to boys by Matron before going on a trip. This plan is to be given to the Trip Leader.*

Further precautionary measures:

- Allergy link nurse to undergo regular Allergy updates to maintain current best practice
- Medical information, including allergy details, should be updated at least annually by parents. Matrons send out a reminder e-mail to all parents.
- Kitchen and dining-room staff are to be kept informed of any special dietary requirements by Matron, and the need for any specific procedures such as avoidance of cross-contamination.
- Allergy link nurse liaises with houses to provide in-house allergy training to all relevant house staff, if there is a boy in house with an Adrenaline injector.
- Allergy training is provided for academic staff on an annual basis.

Medicines and Storage:

- Parents should provide a covering letter for any medicines brought to school from home
- Pupils who have been prescribed Adrenaline injectors should carry them at all times, along with any relevant oral anti-histamines (Clark, 2009).
- An Emergency medicine box, containing a second Adrenaline injector and individual management plan, must be stored in a safe, but easily-accessible place – not in a locked cupboard (Clark, 2009).
- All House staff should be aware of the location of any emergency medicines (Clark, 2009) and the box must be clearly labelled with the pupil's name.
- Matron is responsible for checking expiry dates on emergency medicines and for re-ordering medicines as necessary from WCMC.

- The member of staff organising a school trip, must be responsible for checking pupils have their emergency medicines prior to leaving, and also for ensuring they are returned safely to house after the trip.

During a suspected anaphylactic reaction:

- The pupil should not be moved and must remain accompanied where possible. Help should be summoned immediately (which may necessitate leaving the pupil) and the emergency medicine box collected. The individual management plan is to be followed.
- In the event of an Adrenaline injector being required, an ambulance must be called immediately, *before* the pupil's emergency contacts. Pupil should remain lying down (or sitting, if breathing is difficult). Do not allow pupil to stand or move around. Recovery position is to be adopted if pupil is unconscious or vomiting.
- WCMC to be contacted for advice and assistance if possible.

References:

Clark, S (2009) Anaphylaxis Part 2: Managing severe allergies in school. *British Journal of School Nursing*. Vol 4 (7): 218-22

Pumphrey, R (2003) Fatal Posture in Anaphylactic Shock. *J Allergy Clin Immunol* 112 (2): 451-2

APPENDIX II

ASTHMA

The School recognises that asthma is a widespread, serious but controllable condition affecting many pupils (approximately 10%) at the school. The School welcomes all pupils with asthma.

The School encourages pupils with asthma to achieve their potential in all aspects of life by having a clear policy that is understood by staff and pupils, including training for the staff as required.

All staff have access to a list of boys with a diagnosis of asthma and the medicines prescribed for them. This list is updated annually by Winchester College Medical centre (WCMC).

The Management of Asthma

Asthma is recognised as a *variable* condition, mostly caused by inflammation of the airways of the lungs. Swollen tissue and increased mucus production leads to narrowing and blocking of the airways, which inhibits the flow of air through the lungs.

Immediate access to reliever (usually blue) inhalers is essential. Pupils with asthma are encouraged to carry their reliever inhaler at all times. Pupils are allowed open access to WCMC for advice and review of their asthma symptoms and control at any time.

Pupils are registered with the School doctors at the St. Clements Practice in Winchester. Pupils with asthma will have a "Personal Asthma Action Plan." The WCMC nurses can administer medicines in accordance with this action plan. New and spare inhalers will be prescribed by the School doctors, and ordered as required by matrons from the WCMC. Spare inhalers must be kept in a locked medicine cabinet at the pupil's boarding house.

Staff are not required to administer asthma medicines to pupils except in an emergency, though many of the staff are happy to do this. Staff who do this are covered by School insurance when acting in agreement with this policy. Pupils take their own asthma medicine when they need to.

Personal Asthma Action Plans or Self Management plans

Personal asthma action plans are built around regular peak flow readings and medicines adjusted accordingly. The measurement of peak flow is the most widely used lung function test. Peak flow measures how fast a person can exhale, and indicates the diameter of the bronchial tubes at the time the person performs the test.

As part of a Personal Action Plan, pupils with asthma requiring regular asthma medicine (i.e. preventer inhalers (usually brown) as well as reliever inhalers) will be required to keep a peak flow diary and be provided with their own peak flow metre. Peak flow readings should ideally be taken in the morning and evening (the best of three readings should be recorded). Pupils will be advised to attend WCMC if their peak flow reading falls below a usual level (approximately 20% below their personal best peak flow). Pupils are encouraged to take responsibility for their own asthma symptom-control-monitoring, and peak flow reading and recording.

Pupils who are not on regular asthma medicine (i.e. reliever inhaler only) should record their peak flow reading with their matron twice a week.

Pupils with asthma will have their asthma control reviewed at least annually by the School doctors or nurses. Pupils who require more regular reviews will be seen as necessary.

Exercise and Activity

Taking part in sports, games and activities is an essential part of life for all pupils, and they are encouraged to take their reliever inhaler approximately 10 minutes before physical exercise. Pupils are responsible for keeping their reliever inhaler with them at all times.

The General Environment

The School does all it can to ensure the general environment is favourable to pupils with asthma. The School has a non-smoking policy. As far as possible the School does not use chemicals in science and art lessons that are potential triggers for pupils with asthma.

Asthma Attacks

The following are signs of an asthma attack:

- coughing
- shortness of breath
- feeling of a tight chest
- wheezy breathing
- being unusually quiet

ACTION PLAN FOR A PUPIL SUFFERING AN ASTHMA ATTACK

SEND SOMEONE FOR HELP AND CONTACT WCMC

- an adult should remain with the pupil throughout the asthma attack if possible.

ADMINISTER RELIEVER (BLUE) INHALER IMMEDIATELY

- give 2 puffs of the reliever (blue) inhaler, ideally via a spacer device
- if there is no immediate improvement, give 1 puff every minute for 5 minutes, or until symptoms improve

REMAIN CALM AND REASSURE THE PUPIL

- do not panic - with reliever medicine an asthma attack is treatable
- comfort and reassure the pupil, but do not restrict their breathing

HELP THE PUPIL TO BREATHE

- allow the pupil to assume the position most comfortable for him:
do not force him to lie down; he will probably feel more comfortable sitting upright
- loosen any tight clothing
- encourage him to breathe at a normal steady rate, and not to panic

CALL AN AMBULANCE IF

- the pupil is unable to speak due to breathlessness
- the pupil appears exhausted, lethargic or blue around the lips
- the reliever medication has no effect after 5 to 10 minutes
- you have any doubts about the pupil's condition

If the pupil is taken to hospital ensure he is accompanied and inform WCMC.

Minor attacks should not interrupt a pupil's involvement at School. When he feels better he can return to School activities.

APPENDIX III

DIABETES

Aim:

- To ensure any pupil displaying possible symptoms of Diabetes Mellitus (which will be referred to as diabetes for the purposes of this document) is identified promptly and appropriate care accessed

- To provide evidence-based ongoing care of those pupils known to have a diagnosis of diabetes
- To ensure prompt and appropriate care in the event of complications such as hypo or hyperglycaemia

What is Diabetes?

Diabetes is a long-term medical condition where the amount of glucose in the blood is too high because the body cannot use it properly. There are two types of diabetes:

Type 1 develops if the body is unable to produce any insulin and usually appears before the age of 40. It requires the individual to inject insulin (by injection or pump) for the rest of their lives. Pupils are most likely to have Type 1 diabetes.

Type 2 develops when the body can still make insulin but cannot make it in sufficient quantities or produces insulin that does not work properly. This usually occurs in adults, but its incidence is increasing in children and young people.

Although diabetes cannot be cured, it can be managed and treated successfully. An essential part of managing diabetes is eating a healthy diet and taking regular exercise, as well as taking medication.

Care of pupils with diabetes

Any pupil with a diagnosis of diabetes will have a healthcare plan developed according to their individual needs. They will be reviewed in accordance with the latest clinical guidelines. Careful preparation will be required for school trips. A medic-alert should be worn at all times.

Signs and symptoms of diabetes and its possible complications

Hypoglycaemia (*"Hypo"*): when the level of sugar in the blood is too low. Hypos can occur without warning and usually have a sudden, rapid onset. Signs:

Hunger
 Trembling
 Sweating
 Anxiety or irritability
 Rapid heartbeat
 Tingling of the lips
 Blurred vision
 Paleness
 Mood change
 Reduced concentration
 Vagueness
 Drowsiness

If hypoglycaemia is suspected in a pupil known to have diabetes:

If pupil is conscious, give something sugary, e.g. glass of lucozade/coke/fruit juice, 3 or more glucose tablets, 5 jelly babies or Glucogel

Call an ambulance if deemed necessary

Contact Winchester College Medical Centre (WCMC) for further advice immediately - further assessment *will* be required.

Hyperglycaemia (“Hyper”): when the level of sugar in the blood is too high. The symptoms of hyperglycaemia do not appear suddenly but usually build up over a period of time. Any pupil displaying these symptoms should be referred to WCMC:

Thirst
Frequent urination
Tiredness
Dry skin
Nausea
Blurred vision

If left untreated, this can develop into ketoacidosis which is a life-threatening condition.

If the following symptoms are present, call an ambulance:

Deep and rapid breathing
Vomiting
Breath smelling of nail polish remover

First-aiders are expected to operate responsibly and within the knowledge acquired through their first aid training only. Should a first-aider deem a circumstance to be outside the scope of their first aid training, an ambulance may be required and 999 must be called.

APPENDIX IV

EPILEPSY

Aim:

- To ensure that any pupil displaying possible symptoms of epilepsy is identified promptly and that appropriate care is accessed
- To provide evidence-based ongoing care of those pupils known to have a diagnosis of epilepsy
- To ensure prompt and appropriate care in the event of an individual having a seizure

What is Epilepsy?

Epilepsy is a tendency to have seizures. A seizure is caused by a sudden burst of intense electrical activity in the brain causing temporary disruption to the way messages are passed between brain cells. There are many different types of epilepsy and also many different forms of seizure. Epilepsy can affect anyone, at any age. It is usually controlled with medication.

Care of pupils with epilepsy

Any pupil with a diagnosis of epilepsy will have a healthcare plan developed according to their individual needs. This should include information regarding their usual type of seizure, if there are any known triggers, what constitutes a medical emergency for the pupil, their usual emergency treatment and any specific arrangements made for daily activities. They will be reviewed as per the latest clinical guidelines. Careful preparation will be required for sporting activities, some school activities and school trips. A medic-alert should be worn at all times. Staff should be aware that pupils with epilepsy may have difficulty with concentration and become tired easily.

Signs and symptoms of a seizure

Staring into space/looking vague for a few seconds
Aura – eg. strange taste, smell or tingling

Sudden contractions of muscles

Sudden loss of muscle tone causing person to drop to the ground

Fall to the ground followed by jerking movements of limbs, sometimes with incontinence

Emergency procedures

Protect the person from injury – guide to a safe area, cushion their head, look for a medic-alert

Once the seizure has finished, place in recovery position to aid breathing

Keep calm and reassure person

Contact Winchester College Medical Centre

Stay with the person until recovery complete

Call for an ambulance if:

You believe it is the person's first seizure

The seizure continues for more than 5 minutes One seizure follows another

The person is injured during the seizure

You believe the person needs urgent medical attention

DO NOT:

Restrain the person

Put anything in their mouth

Try to move the person, unless in danger

Give anything to eat or drink

Attempt to bring them round

Contact Winchester College Medical Centre (WCMC) for further advice immediately: further assessment *will* be required.

First-aiders are expected to operate responsibly and within the knowledge acquired through their first aid training only. Should a first-aider deem a circumstance to be outside the scope of their first aid training, an ambulance may be required and 999 must be called.