

## FIRST AID POLICY

The ISSR states at part 3 paragraph 13 that the standard for first aid is met if it is administered in a timely and competent manner by the drawing up and effective implementation of a written first aid policy. Effective implementation of a policy will require adequate numbers of appropriately trained staff and the provision of proper equipment, for off-site activities as well as in the school itself.

“First Aid is the immediate assistance or treatment given to someone injured or suddenly taken ill, before the arrival of an appropriately qualified person”.

The aims of Woldingham School First Aid Policy are to:

- Preserve life.
- Limit any decline of the condition.
- Promote recovery.

**First Aid Provision.** First aid boxes are provided in all the areas of the School where an accident is considered possible or likely. See Appendix 1

Health Centre Nurse

Pascale Accary Bouzid

**Out of School Time.** For those staff members and students and visitors who become ill or suffer injury whilst

If available and free to do so, the School Nurse may attend and assist at any significant incident but their specific priority is to girls that might already be admitted to the Health Centre. Thus, the first response to any incident may need to be through the trained First Aiders.

**School Holidays.** First aid provision during school holiday periods is reduced as there is no Nurse on duty in the Health Centre. Any accident that cannot be treated by a First Aider will be dealt with by calling (9) 999 or visiting A&E or a Doctor. All contractors are to be aware of the first aid procedure.

**Out of School Trips.** All School minibuses contain a First Aid kit – minibus drivers are responsible for monitoring and refilling these kits. Staff taking students on school trips should obtain a “tailor made” First Aid kit –

first aid. First aiders do not administer medication unless medication training has been completed. Parents are welcome to contact the school nurse at any time if they have concerns about their child,

saving. *It is important that key staff in the School are aware of the student's condition and of where the student's medication is kept, as it is likely to be needed urgently.*

It is not possible to overdose using an Auto Adrenaline Injector (AAI) as it only contains a single dose. In cases of doubt, it is better to give a student experiencing an allergic reaction an injection rather than hold back. All students who have anaphylaxis will require an Allergy Action Plan which paren6.6 (u)2.2 (o)-0.6 (1.



marked with the student's name. Spare inhalers are located in the Health Centre



Ensure all testing is compliant do not use any equipment within School, that has not been tested.

## **11. Stroke**

What is a stroke?

*A stroke is a life-threatening emergency.*



### 3. Unresolved choking/partial airway obstruction.

#### 4. Diabetic

##### What is diabetes?

Diabetes is a condition in which the amount of glucose (sugar) in the blood is too high due to the body being unable to use it properly. This is because of a faulty glucose transport mechanism due to lack of insulin. Normally, the amount of glucose in the bloodstream is carefully controlled by a hormone called insulin. Insulin plays a vital role in regulating the level of blood glucose and, in particular, in stopping the blood glucose level from rising too high. Students with diabetes have lost the ability to produce insulin and therefore their systems are unable to control their blood glucose levels. If the blood glucose level is too high, a student may show symptoms of thirst, frequent trips to the toilet, weight loss and tiredness. Conversely, if the blood glucose level is too low a student may display symptoms which include hunger, drowsiness, glazed eyes, shaking, disorientation and lack of concentration.

##### Medication and control

Diabetes can be treated effectively by injections of insulin/tablets and by following an appropriate diet. The aim of the treatment is to keep the blood glucose level close to the normal range so that it is neither too high (hyperglycaemia) nor too low (hypoglycaemia). All students with diabetes will require a Health Care Plan. In most cases students will have their insulin injections before and after school, but some students may require an injection at lunchtime. If a student needs to inject whilst at school, he/she will know how to undertake the procedure without adult supervision. However, the student may require privacy in which to administer the injection. Some students may also need to monitor their blood glucose levels on a regular basis and again privacy may be required for this procedure.

An essential part of the treatment of diabetes is an appropriate diet whereby regular meals and good food choices help to keep the blood glucose level near normal. A student with diabetes will have been given guidance on food choices which should be reduced in sugar and fat but high in starch. Most students with diabetes will also need to eat snacks between meals and occasionally during class time. It is important to allow a student with diabetes to eat snacks without hindrance or fuss and to ensure that the lunchtime meal is taken at a regular time. It is also important that the school should establish with the student and her parents where supplies of fast acting sugar can be kept in case of a hypoglycaemic episode.

The issue of close communication between parents and the School, is fundamental to the care of students with diabetes, as many aspects of growth and development will have an impact on their diabetes control. It is the parents' responsibility to ensure that any medication retained at the School, is within its expiry date. All diabetic students will require a Health Care Plan which parents or guardians should complete prior to starting at Woldingham School. This will be kept with the student's file in the Health Centre. Following discussion with the student and her parents, individual decisions should be made as to whether to provide basic information on a student's condition to her peer group so that they are aware of their classmate's needs.

##### Managing students with diabetes

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A hyperglycaemic episode (high blood sugar)

Hyperglycaemic episodes occur when the blood glucose level is too high. Students may display the



Appendices:

1. First Aid Box locations.
2. First Aid contents.
3. General notes on first aid.
4. Staff First Aid Training

## Appendix 1. - First Aid Box Locations

First aid boxes are placed in all the areas of the School where an accident is considered possible or likely (such as the Sports Hall). First aid boxes are always taken when groups of students go out of school on organised trips or participate in sporting events.

The Health Centre is responsible for maintaining the contents of the First Aid boxes.

First Aid boxes are in the following areas:

Location	Type of First Aid Kit	Responsible Custodian
Sports Hall	2 x First Aid Sports Bag	Director of Sport
Millennium Centre	First Aid Point	Theatre/AV Head Technician
Maintenance	First Aid Point	Estate Man

## Appendix 2

### Content of First Aid Kits

Please find below lists specifying the contents of each First Aid kit (sports, first aid point, and standard first aid kit).

<b>First Aid Points</b>	
<b>First Aid</b>	
First Aid Guidance Leaflet	
Sterile Washproof Plasters	
Sterile Eye Pads with Bandage	
Triangular Bandages	
Safety Pins	
Sterile Medium Dressings with Pad	
Sterile Large Dressings with Pad	
Moist Wipes	
Disposable Gloves (Pair)	
<b>Eyewash</b>	
Eyewash 500ml	
Eye pad with Dressing	
<b>Burns</b>	
First Aid Guidance Leaflet	
BurnStop Burn Dressing 10x10cm	
BurnStop Gel Sachets 3.5g	
Safety Pins	
Conforming Bandages	
Disposable Gloves	
<b>Biohazard</b>	
Hypaclean Absorbent Powder	
Hypaclean Disinfectant Cleaner Spray 50ml	
Disinfectant Wipe	
Disposable Gloves (Pairs)	
Non-Woven Cloths	
Scraper and Scoop	
Polythene Apron	
Biohazard Waste Bag	

<b>K460 - School Sports Kit</b>	
First Aid Guidance Leaflet	
Assorted Fabric Plasters	
Pink Washproof Plasters	
Sterile Eye Pads with Bandage	
Triangular Bandage	
Safety Pins	
Med Sterile Wound Dressing	





### **Appendix 3. General notes on first aid.**

Responsibilities of a First Aider are to:

- Assess the situation. (Is the area safe to work in? How many casualties are involved? Prioritise casualties' needs.)
- Summon help. If alone, give basic first aid and contact the Health Centre on ext 4238.

## Appendix 4 – Staff qualified in First Aid

Lancaster

Eilise

Residential  
Staff

01 September  
2022

Webb	Kiya	Residential staff	05 September 2023	05 September 2026	Emergency First aid at
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**Appendix 5 – List of Notifiable Diseases**

<b>Infection</b>	<b>Exclusion period</b>	<b>Comments</b>
Athlete's foot	None	Athletes' foot is not a serious condition.

Measles*	Four days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all students and staff. Pregnant staff contacts should seek prompt advice from their GP
<b>Infection</b>	<b>Exclusion period</b>	<b>Comments</b>
Meningococcal meningitis*/septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ <a href="http://www.NHS.uk">www.NHS.uk</a> ).Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable byvaccination (see national schedule @ <a href="http://www.NHS.uk">www.NHS.uk</a> ) Your local HPT will advise on any action needed
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimisespread. Contact your local HPT for more
Mumps*	Five days after onset of swelling	Preventable by vaccination with 2 doses of MMR (seenational schedule @ <a href="http://www.NHS.uk">www.NHS.uk</a> ). Promote MMR for all students and staff.
<b>Infection</b>	<b>Exclusion period</b>	<b>Comments</b>
Ringworm	Not usually required.	Treatment is needed.
Rubella (German measles)	Five days from onset of rash	Preventable by vaccination with 2 doses of MMR (see national schedule @ <a href="http://www.NHS.uk">www.NHS.uk</a> ). Promote MMR for all students and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Scarlet fever	Exclude until 24hrs of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact local HPT
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.
Slapped cheek /Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife

Threadworms	None	Treatment recommended for student and household
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment
<b>Infection</b>	<b>Exclusion period</b>	<b>Comments</b>
Tuberculosis (TB)	Always consult your local HPT BEFORE disseminating information to staff/parents/carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing