

First Aid Policy



First Aid Policy

BETHANY SCHOOL
CURTISDEN GREEN
GOUDHURST
KENT

Pupils' views on why a First Aid Policy is needed

If we get injured there is someone who knows how to treat us and the teacher knows what level of injury he/she can deal with.

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LEGISLATION

The Health and Safety (First-Aid) Regulations 1981 set out what employers have to do.

Employers must provide adequate and appropriate equipment, facilities and qualified first aid personnel.

The Regulations do not oblige employers to provide first aid for anyone other than their own staff, but employers do have health and safety responsibilities towards nonemployees. The Health and Safety Commission (HSC) guidance recommends that organisations, such as schools, which provide a service for others should include them in their risk assessments and provide for them.

Where first aid is provided for staff and pupils, schools should ensure that:

- provision for employees does not fall below the required standard;
- provision for pupils and others complies with other relevant legislation and guidance.

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First aiders should complete a Health and Safety Executive approved course every three years. Ideally there should be one first aider for every 150 employees and pupils, and a first aid room for numbers over 400.

APPOINTED PERSONS

Emergency first aid at work (EFAW) certificate training is held at Bethany School every three years. All staff at Bethany are expected to complete the EFAW certification.

SUMMONING AN AMBULANCE

In the event of a life-threatening emergency, the first aider must summon an ambulance.

- Dial 999
- When asked which service is required, state clearly 'Ambulance'
- When put through to the ambulance control room, state clearly what the emergency is and whether or not the casualty is breathing.
- Listen to the operator and follow the instructions given. Do not hang up the telephone until you are told to do so.
- Give the operator your *exact* location e.g. the slope pitch, Three Ponds or The Mount boarding house.
- Give your telephone number to the operator.
- Send a runner to the main school gate to wait for the ambulance and to direct the crew to the casualty. Inform the school office.
- If the casualty's condition worsens, it is acceptable to call the emergency services back.
- If a decision is made by the ambulance control to send an air ambulance, ensure that the school office informs the Estates Manager so that the Firs Pitch is vacated and prepared for a helicopter landing.

RECORDING OF ACCIDENTS

The Medical Centre staff record details of every accident / incident that they deal with on a database. The records are confidential to Medical Centre staff, and only disclosed if 'the permission for disclosure has been sought from the patient.

It is a statutory requirement to report serious accidents to the Health and Safety Executive, including those resulting in death or major injury and those which prevent the injured from

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doing their normal work for more than seven continuous days or over three must be recorded [RIDDOR]. All accidents should therefore be reported to the Medical Centre so that the event can be recorded. An electronic accident reporting form is available on the intranet for staff to report accidents, incidents or near misses. There is a direct link for this on the VLE homepage. The Medical Centre automatically receives the form and acts upon the information if indicated.

If there is an injury to a member of the public and they are taken directly to hospital for treatment of a visible injury, this too should be recorded.

The Health and Safety Officer reports all RIDDOR [Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995] events to the Health and Safety Executive [telephone 0845 300 9923].

The Medical Centre staff will inform the pupil's parent or guardian in the event of a medical emergency or significant injury.

FIRST AID KITS

There are 16 "resident" First Aid Kits across the entire site of Bethany School as well as 1 on each minibus. There are also plenty of "transient" First Aid Kits that can be requested (with at least 24 hrs notice) and signed out of the Medical Centre for trips.

All kits are supplied and maintained by the Medical Centre. See Appendix 1 for the location of the first aid kits.

The head (or nominated person) of each department that holds a First Aid Kit is responsible for informing the Medical Centre if any contents have been used and therefore require replenishing.

With the exception of the games department, all the First Aid kits at Bethany School are green and clearly labelled with the words 'First Aid' and a white cross. It is the duty of all staff to ensure that they know the location of the first aid kits [see appendix 1] and to familiarise themselves with the contents of the kits [see appendix 2].

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Although schools are considered low risk establishments, special consideration has been given to practical departments, e.g. science and design/food technology and sporting activities.

SPORTS

First aid kits are stored in the Games department. If items have been removed from kits, they must be returned to the Medical Centre to be re-stocked. It is the responsibility of each sports coach to ensure this happens.

First aid provision for sports and out of bounds activities needs special consideration and should be risk assessed. Team coaches or teaching staff responsible for such activities should have appropriate first aid qualifications and those responsible for outward bound activities or hazardous pursuits may require specialised training. There should be a means of communicating or summoning help quickly, e.g. mobile phones at distant sites. For staff who do not have their own mobile phones, school phones are available from the Bursary.

The nursing staff can be summoned by telephoning extension 241 on the internal school telephone. The casualty should be accompanied to the Medical Centre by a responsible person. In the case of serious injury, the casualty should not be moved and the nurse should be asked to attend the casualty. The nurse should be given a brief outline of the problem so that appropriate equipment can be brought to the casualty. If pupils are away from the Bethany School campus, first aid must be delivered by the nearest provider or Accident and Emergency department. Following this, the staff member in charge of the trip must inform the Medical Centre as soon as able.

SPILLAGES

If spillages occur in the science department, the Science technicians and teaching staff will implement the first aid procedures outlined in the Science Health and Safety Policy [available from the science technicians].

In the event of a spillage of body fluids, a supply of Sanitaire is available in each department for use on all spillages except urine.

1. Inform the housekeeping manager

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2. Vacate the room
3. Open doors and windows
4. Put on disposable gloves [from first aid kit]
5. Sprinkle Sanitaire onto spillage except on urine.
6. Leave spillage for at least two minutes so that viruses or bacteria are inactivated.
7. Remove the solidified spillage using paper towels
8. The housekeeper should clean the affected area with detergent and a final clean with a hypochlorite solution of 10 000 ppm.
9. If the spillage is urine, mop up with a detergent solution and then a final clean with a hypochlorite solution of 10 000ppm.
10. Remove gloves and dispose of all waste in a plastic bag.
11. Wash hands with detergent and hot water.

IDENTIFICATION OF PUPILS WITH SPECIAL MEDICAL NEEDS

Some pupils may have medical conditions that are potentially life threatening such as epilepsy, diabetes and anaphylactic reactions. The medical forms for each new student clearly state the need to disclose to staff for the safety of the student. A red flag on the pupil's iSAMS record denotes a medical problem. Photographs of these students are displayed on the notice board in the Lower Common Room and the School Policy for each condition is underneath. Please see Appendices 2, 3 & 4 for appropriate policies.

Please also see Appendix 1 regarding the School's policy on Asthma Management.

AFTER SCHOOL HOURS

A registered nurse is on campus between 8am and 6pm Monday to Friday, and on call 24 hours a day during term time.

After normal school hours, if first aid is required, this can be provided by appointed house or games staff in the first instance. The Medical Centre must be informed by telephone, if a pupil needs to be seen by the school nurse. An electronic copy of the duty rota and mobile telephone numbers of the nursing staff is circulated to all boarding staff each term.

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Staff are reminded not to send pupils to the Medical Centre after hours without prior arrangement with the school nurse. This is to ensure that injured pupils are not left unattended as the nurse may be off campus. Please see Appendix 5 for Protocol.

LOCATION OF FIRST AID KITS

Location	Description	Nominated staff member with responsibility
Agri Shed (Estates)	Green box	Dan Sears
Art Room	Small green box next to the telephone	Kirsten Van Schreven
CDT	Green box above the sink	Mick Levett
Food technology wall	Green box	Mick Levett
Hut (Estates)	Long green box	Dan Sears
Science Prep room	Green box	Maggy Fillery
Kendon	Top of Medicine Cabinet	Karen Lane
Kitchen office	Square green box on shelf in kitchen office	Karen Holland
Minibus GU64MVM	Green box	Steve Sault
Minibus GU64MVL	Green box	Steve Sault
Minibus GY15NRE	Green box	Steve Sault
Minibus GF56 LFA	Green box	Steve Sault

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Minibus GJ59 PYA	Green box	Steve Sault
Minibus YE 58 FXW	Green box	Steve Sault
Minibus GX67 WGV	Green box	Steve Sault
Old Poplars	Small green bag on the right-hand wall, on a hook in the washing machine / tumble dryer room.	Karina Austen
Orchard	Small green bag on the shelf in Matron's room	Maxine Delves
Pengelly	Green box in office	Jacky Austen
Swimming Pool	Green box	Jamie Forde
Admin	Large green bag, Front desk	Ceri Mooney / Penny Graham
Sports Hall	Orange wall mounted box	Jamie Forde
The Mount	Wall mounted green box in Housemaster's office	Mandy Hallett

If a kit is used, please return it to the Medical Centre for checking and re-stocking.

The Games department has a further supply of First Aid bags for home and away matches. A large orange first aid case has been mounted on the wall of the Games office.

All the school minibuses are equipped with first aid kits.

The kits vary in contents that should suffice for most little emergencies that might arise. Please ask for a replacement once you have used any item.

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Please ensure that the kit is accessible to all house staff, housekeepers, matrons and prefects/monitors, and that they know of its existence.

Automatic External Defibrillator

There are 3 AEDs on site:

1. Located opposite the ground floor fire exit in the Admin building.
2. Located in the Medical Centre
3. Located in the main entrance corridor of the swimming pool

All staff who have completed the EFAW certificate should ensure that they can locate the machine in an emergency and are able to follow the easy instructions about its use.

The AEDs are checked weekly by both the Medical Centre staff and the pool manager.

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APPENDICES

1. Asthma Policy
2. Epilepsy Policy
3. Diabetes Policy
4. Anaphylaxis Management Policy
5. Accessing the Medical Centre Out of Hours
6. Concussion Management Guidelines

APPENDIX 1

POLICY: ASTHMA

Bethany recognises that Asthma is a widespread, serious but controllable condition that affects many of its pupils.

The School positively encourages pupils with Asthma to achieve their full potential in all aspects of School life without stigmatisation. The School supports this philosophy by having a clear written policy for all staff to refer to.

Physiology

Asthma is a respiratory condition affecting the airways – in particular the small tubes that carry air in and out of the lungs.

When a person with Asthma comes into contact with something that irritates their airway (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower causing difficulty for air to pass in or out. This often causes a wheezing sound. The lining of the airways also becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions can make breathing difficult and can also be very frightening for the person affected.

Common Asthma triggers include viral infections e.g. colds and flu, house dust mites, domestic animals especially the furry or feathery animals, pollen, exercise, the fumes from some paints or glue, chemicals and atmospheric pollutions such as cigarette smoking.

Typical Asthma symptoms are:

- Tightness in the chest
- Coughing (especially at night)
- Wheezing
- Shortness of breath
- Difficulty in speaking in sentences
- Being unusually quiet

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At Bethany, pupils who have Asthma, or those who have a past history of Asthma will be identified from the Health Information provided by parents or guardians on entry to the school.

This Information will be entered on the pupil's individual file on ISAMS, by the Medical Centre staff, and is then accessible to school staff for safety reasons. Health information recorded on iSAMS is updated by the Medical Centre staff as the information becomes known to them.

All school staff should be encouraged to familiarise themselves with the relevant health information for the pupils that they have responsibility for.

Boarding pupils:

- All boarding pupils are registered with the School Doctor. The pupil's current Asthma treatments are documented and reviewed by the Doctor at the pupil's 'new patient' medical consultation. This consultation takes place during the pupil's first term.
- Repeat prescriptions of any prescribed Asthma medication can thereafter be requested by the pupil from the Medical Centre.
- Pupils are allowed to hold their own Asthma inhaler medication even if under 16 years of age by referring to the Self Medication policy.
- Pupils are individually invited to the Medical Centre by the nurses for a review of their Asthma condition.

Asthma Review

- Pupils attending for a review of their Asthma will have standard measurements of lung capacity recorded i.e. peak expiratory flow rate (PEFR) and the pupil's height and age. A prediction of expected PEFR can be calculated from these measurements. The pupil's standard PEFR can be used to measure any deterioration or improvement following treatment.

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- The pupil will receive individual education on the technique in using their inhaler device to maximise the effect of their prescribed medication.
- The nurse will educate the pupil to ensure that they use their inhaler at the most appropriate times, and that the pupil is using the least amount of medication to control their symptoms following the British Thoracic Society (BTS) guidelines.
- The nurse will also educate the pupil to ensure that they can recognise a worsening of his/her Asthma condition and be able to take the appropriate action to manage their symptoms. The pupil will be encouraged to seek advice from the Medical Centre if unsure, or if their Asthma symptoms are not improving. The pupil would in this instance, be referred to the doctor.
- General Asthma reviews for boarders will be on an annual basis but monitoring will be increased if a pupil is experiencing an increase in their Asthma symptoms or requires additional educational support.

Day Pupils

- Day pupils do not come under the routine Asthma management of the School Doctor, but are able to access the Medical Centre nursing staff for advice and support at any time of the school day.
- Day pupils will be encouraged to bring a spare, labeled 'reliever' inhaler into school in case they experience Asthma symptoms at school. Parents will be encouraged to do this at the time of entry to the school. The spare inhalers will be stored in the Medical Centre. Matron will be responsible to check that they remain in date and will alert the pupil / parent when a replacement is required.
- The parents or guardians of day pupils should always be told if the pupil has had an Asthma attack while at school.

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General instructions

All pupils with an Asthma diagnosis at Bethany, are encouraged to carry their blue 'reliever' medication inhalers on their person at all times. Reliever inhalers help relax the muscles surrounding the narrowed airways. This allows the airways to open wider, making it easier to breathe again.

It is essential that all staff who have responsibility for pupils should know what to do in the event of an Emergency Asthma attack.

All games / teaching staff should be aware of potential triggers for pupils with Asthma while exercising and to take steps to minimise these triggers. This should include reminding pupils with exercise related Asthma to take their inhaler and to do a proper warm up before commencing exercise.

If a pupil has Asthma symptoms while exercising the pupil should be allowed to rest, and they should be encouraged to take their reliever (blue) inhaler. Once treatment has been effective the pupil may then recommence exercise.

All sports / teaching staff should be aware of the possible stigmas surrounding Asthma as pupils could be singled out by their condition which may lead to bullying.

In science, art or design technology lessons the teaching staff should be aware of any pupils in the classroom who have Asthma or a history of Asthma and the possible 'Asthma trigger' effect from chemicals, paint, or glue fumes. Staff should be vigilant and remove any pupils that become symptomatic when exposed to these triggers and then ensure any necessary treatment is given under supervision.

Minor Asthma attacks should not unduly interrupt the pupils schooling. When the pupil has received treatment, providing that they feel better they can return to their school activities.

Each boarding house and the Sports office has a generic Ventolin (reliever) inhaler and a spacer device to provide more direct administration. This inhaler is to be used if an asthmatic

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student were to experience an asthma attack and for whatever reason did not have their own reliever inhaler to hand. Alongside the inhaler is a list of students for whom the Medical Centre have received parental consent for emergency inhaler provision. The list and the maintenance of the inhaler is maintained by Medical Centre and updated as required.

All boarding and Sports staff have received basic online training in order to be able to supervise emergency inhaler administration.

Signs that someone is having an asthma attack:

- They have a worsening cough, breathlessness, wheeze or tight chest
- They are breathless causing them difficulty to speak, eat or sleep
- Their breathing is getting faster and they feel like they can't breathe in properly
- Their lips have developed a blue tinge around them
- Their reliever inhaler isn't helping or lasting over four hours

The following link is a short video on the signs of an asthma attack

<https://www.youtube.com/watch?v=tyZoOPIlMgl>

How to assist someone having an asthma attack

1. Sit them up straight - don't lie them down. Try to keep them calm.
2. Give one puff of their inhaler (usually blue) using the spacer every 30-60 seconds, up to a maximum of 10 puffs.
3. If their inhaler is unavailable or empty - **Check that their name is on the list with the emergency inhaler!** If they are on the list, then carry out Step 2 with the emergency blue inhaler.
4. Call or get someone to alert the School nurse while you stay with the student and try and keep them calm
5. If after a maximum of 10 puffs (every 30-60 seconds) they do not improve or you're worried at any time, call 999 for an ambulance.

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6. If the ambulance is taking longer than 15 minutes you can repeat step 2.

The following link is a short video on how to use an inhaler with a spacer

https://www.youtube.com/watch?v=fZPS_w54rfY

Important things to remember in an asthma attack

- Never leave a pupil unattended when they are having an asthma attack. They will require constant reassurance.
- If the pupil does not have their inhaler and spacer with them, send another teacher or pupil to get the nearest emergency inhaler and spacer.
- In an emergency situation school staff are required under common law, to act like any reasonably prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- Send another pupil to get another teacher or adult if an ambulance needs to be called.
- Contact the pupil's parents or guardians immediately after calling the ambulance to update them (Either through the House Masters or the Medical Centre).
- A member of staff should always accompany a pupil taken to hospital by ambulance and should stay with them until relieved by a parent, guardian or matron.
- Generally staff should not take pupils to hospital in their own car. However, in some situations it may be the best course of action. If this is the case a second adult should accompany the driver taking the pupil to the hospital.

APPENDIX 2

Management of Epilepsy Policy

What is Epilepsy?

People with epilepsy have recurrent seizures, the great majority of which can be controlled by medication. Around one in 130 children in the UK has 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 school staff are given adequate support. Not all pupils with epilepsy experience major seizures (commonly called fits). For those who do, the nature, frequency and severity of the seizure will vary greatly between individuals. Some may exhibit unusual behaviour (for example, plucking at clothes, or repetitive movements), experience strange sensations, or become confused instead of, or as well as, experiencing convulsions and/or loss of consciousness.

Seizures may be partial (where consciousness is not necessarily lost, but may be affected), or generalised (where consciousness is lost). Examples of some types of generalised seizures are:

Tonic Clonic Seizures

During the tonic phase of a tonic clonic seizure the muscles become rigid and the person usually falls to the ground. Incontinence may occur. The pupil's pallor may change to a dusky blue colour. Breathing may be laboured during the seizure. During the clonic phase of the seizure there will be rhythmic movements of the body which will gradually cease. Some pupils only experience the tonic phase and others only the clonic phase. The pupil may feel confused for several minutes after a seizure. Recovery times can vary – some require a few seconds, where others need to sleep for several hours.

Absence Seizures

These are short periods of staring or blanking out and are non-convulsive generalised seizures. They last only a few seconds and are most often seen in children. A pupil having this kind of seizure is momentarily completely unaware of anyone/thing around him/her, but quickly returns to full consciousness without falling or loss of muscle control. These seizures are so brief that the pupil may not notice that anything has happened. Parents and teachers may think that the pupil is being inattentive or is day dreaming.

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Partial Seizures

Partial seizures are those in which the epileptic activity is limited to a particular area of the brain. Simple Partial Seizures In this type of seizure the person is conscious aware of what is happening to them. This seizure may be presented in a variety of ways depending on where in the brain the epileptic activity is occurring. Reassurance and comfort should be given.

Complex Partial Seizures

This is the most common type of partial seizure. During a temporal lobe complex partial seizure the person will experience some alteration in consciousness. They may be dazed, confused, wandering and detached from their surroundings. They may exhibit what appears to be strange behaviour, such as plucking at their clothes, smacking their lips or searching for an object. During these seizures, do not restrain the person and guide them away from dangerous situations. Speak gently and calmly to the person to help familiarize them to their surroundings. Give the person space for a while.

What to do during a Convulsive Seizure

- Stay calm
- Note the time/ check how long the seizure lasts
- Prevent others from crowding round
- Put something soft under the head
- Only move them if in a dangerous place
- Do not restrict or restrain the convulsive movements
- Do not put anything in the person's mouth

What to do when the Seizure has stopped

- If possible put them in the recovery position
- Wipe away any saliva and if breathing is difficult check that nothing is blocking the throat such as food or dentures
- Minimise embarrassment, if incontinent deal with this privately
- Stay with them, give reassurance until fully recovered

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 children with epilepsy suffer fits for no known cause, although **tiredness and/or stress** can sometimes affect a pupil's susceptibility. **Flashing or flickering lights, video games and computer graphics and certain**

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geometric shapes or patterns can be a trigger for seizures in some pupils. 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 school staff of the likely triggers. 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. Concern about any potential risks should be discussed with pupils and their parents, and if necessary, seeking additional advice from the GP, paediatrician or school nurse/doctor.

Some children with tonic clonic seizures can be vulnerable to consecutive fits which, if left uncontrolled, can result in permanent damage.

When completing medical questionnaires, parents should be encouraged to tell schools about the type and duration of seizures their child has, so that appropriate safety measures can be identified and put in place. Nothing must be done to stop or alter the course of a seizure once it has begun except when medication is being given by appropriately trained staff.

The sister on duty should be contacted immediately in the event of anyone found to be having a seizure. The sister may call for an ambulance if the seizure lasts longer than usual or if one seizure follows another without the person regaining consciousness, or where there is any doubt.

Any pupil that is known to suffer with epilepsy has their photograph on the notice board in the Lower Common Room.

APPENDIX 3

Management of Diabetes Policy

What is Diabetes?

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. About one in 700 school-age children has diabetes. Children with diabetes traditionally needed to have several insulin injections daily. Treatment of diabetes can now be controlled by a small computer-controlled insulin pump, the size of a mobile phone, which is connected to the patient's skin. Blood sugar levels need to be monitored though out the day and a healthy diet taken. Medication and Control.

Most students can manage their daily insulin needs from a very early age and may simply need supervision if very young, and also a suitable, private place to perform certain tasks. Diabetics 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 at any during the school day and more regularly if their insulin needs adjusting. Students with diabetes must be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. If a meal or snack is missed, or after strenuous activity, particularly in extremes of weather, the student may experience a hypoglycaemic episode (a hypo) during which her blood sugar level falls to a critically low level. Staff in charge of physical education classes or other physical activity sessions should be aware of the need for students with diabetes to have glucose tablets or a sugary drink to hand.

Hypoglycaemic Reactions

Staff should be aware that the following symptoms, either individually or combined, which may be indicators of a "hypo":

- hunger
- sweating
- drowsiness
- pallor
- glazed eyes
- shaking
- lack of concentration
- irritability

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If a student has a hypo, it is important that a fast-acting sugar, such as glucose tablets, a glucose rich gel, a sugary drink or a chocolate bar, is given immediately. The sister on duty has immediate access to Glucogel and must be contacted. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk should be given once the pupil has recovered, some 10-15 minutes later. If the student's recovery takes longer, or in cases of uncertainty, call an ambulance.

An increased need to go to the toilet, persistent thirst, tiredness and weight loss may indicate poor diabetic control, and schools will naturally wish to draw any such signs to the parents' attention.

The photograph of all diabetic students is displayed in both the Lower Common Room and the Kitchen staff's office.

APPENDIX 4

Management of Anaphylaxis Policy

What is Anaphylaxis?

Anaphylaxis is an extreme and immediate hypersensitivity reaction usually to food, drugs or insect stings. It is important to respond quickly to a patient who may be suffering an attack of Anaphylaxis. If a student presents with one or more symptoms of Anaphylaxis following a sting from a bee or wasp or after a meal, Anaphylaxis is likely to be the diagnosis. When such severe allergies are diagnosed, the student concerned are made aware from a very early age of what they can and cannot eat and drink and, in the majority of cases; they go through the whole of their school lives without incident.

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

Where students are known to be susceptible to an anaphylactic reaction they will be prescribed an EpiPen to take on all trips and the trip leader will be provided with an explanatory leaflet.

Signs and Symptoms of Anaphylaxis

Signs and symptoms will normally appear within seconds or minutes after exposure to the allergen. These may include:

- a metallic taste or itching in the mouth
- swelling of the face, throat, tongue and lips
- difficulty in swallowing
- skin may appear flushed or pale
- nausea and vomiting
- abdominal cramps
- diarrhoea
- a rise in heart rate
- collapse or unconsciousness
- wheezing or difficulty breathing

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Medication and control

In the most severe cases of anaphylaxis, people are normally prescribed a device called an AAI (Adrenaline Auto Injector). The device looks like a pen, it is pre-loaded with the correct dose of adrenaline 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 this device. In cases 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 people, the timing of the injection may be crucial. This needs to be clear in the health care plan and suitable procedures put in place so that swift action can be taken in an emergency.

Each student's and member of staff's symptoms and allergies will vary and will need to be discussed on admission to school. It is vital that each person at the school known to suffer anaphylactic reactions carries an in date AAI on their person at all times (and those closest to them are aware of this). The Medical Centre will also need to be provided with a spare (in date) AAI for use in emergencies.

If a student or member of staff is likely to suffer a severe allergic reaction their photograph is mounted on the staff room wall next to the Anaphylaxis policy, and all staff are made aware of the condition.

AAIs can be administered through clothing, if no improvement after five minutes of the first dose use a second AAI. Call 999 for an ambulance immediately, particularly if there is any doubt about the severity of the reaction or if the student does not respond to the medication. If the allergic reaction is severe enough to warrant use of AAI, then transfer to hospital is essential as further treatment may be necessary.

Any student or member of staff identified as having anaphylactic response is expected to carry an AAI pen on their person at all times and have a spare located in the Medical Centre.

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There are two sites on the School premises where emergency Auto Injector Pens are stored:

1. The Dining Hall – near the Emergency Eyewash Station
2. The Swimming Pool building– on the wall

Each box contains 2 AAI pens:

1. 300micrograms for **children over 30kg**
2. 500micrograms for anyone **over 60kg**

All staff have received training on how to deliver and there is prompting wall signage next to each emergency kit.

APPENDIX 5

Protocol for accessing the Medical Centre out of hours

- The Medical Centre closes at 18:00 and reopens at 08:00 the next term time working day. Outside of these hours (including weekends) a named nurse (as per the rota emailed out each term) is on call for medical advice / intervention if deemed necessary. It is the **nurse's discretion** as to whether a student requires accommodation in the Medical Centre as opposed to the usual boarding house arrangements.
- If basic medication such as Paracetamol, Ibuprofen or night time cough medicine is required then house staff may administer (assuming they have read and signed the administration of medicines policy). The Medical Centre should be notified of this by email.
- If out of hours medical attention is required for a boarder then the House staff should **telephone** the nurse on call. If there is no answer on the first attempt to call the nurse a clear answerphone message should be left stating the staff member's name and contact number as well as a brief description of the nature of the call.
- All out of hours medical issues that require a response before the next working day should be made by **telephone** and **not email** as this is not continuously monitored and a prompt response cannot be guaranteed.
- The on call nurse is not necessarily required to be on site for the assigned on call period and therefore a reasonable response time may be expected before review. If the medical problem is serious enough to require urgent review i.e. heavy bleeding / seizure / loss of consciousness / inability to breathe then please call 999 first and try and get someone else to call the on call nurse.

First Aid Policy



- If a student is too unwell to remain in the boarding house because their acute condition requires; regular medical assessment; or they are symptomatic of a contagious virus that poses a significant threat to the health of those within the boarding house the nurse will keep them in the Medical Centre. If symptoms persist or worsen, the nurse may need to send in to A&E or if not deemed necessary the decision may be to send the student home / to guardians.
- The situation may arise whereby the nurse does not deem an issue to have clinical indication for the need to accommodate in the Medical Centre but the House staff are unable to cope with the demands of a particular student. In these rare scenarios an agreement between the two parties will result in the student being sent home or to their guardian.

APPENDIX 6

Concussion Management

If a student is diagnosed with concussion the School follows a strict protocol on their recovery process. Our protocol is based on the RFU's concussion management guidelines and is reliant on the Sports Staff and parents working together to enable return to play.

Following diagnosis of concussion:

- **Stage 1 – 24hr academic rest if symptomatic**
- **Stage 2 - 14 day period of complete rest and avoidance of any physical activity**
- **Stage 3 – Graduated Return To Play may begin which (as per RFU guidelines for U19s) suggests light, low intensity exercise for the first 48hrs followed by normal PE / non-contact rugby training sessions progressing in intensity every 48hrs (assuming symptom free)**
- **Stage 4 - Return to full contact practice at Day 21 post injury**
- **Stage 5 - Following 48hrs symptoms free full contact practice – Rehabilitated for competitive play**

The Medical Centre staff are only able to oversee the rehabilitation process back to competitive play if they have the full support of both parents and sports staff. RFU guidelines state that the player must receive a final assessment **by their GP** if indicated before their return to full contact practice. Parents and Sports staff are informed immediately if a student has been diagnosed and are required to co-operate by signing the GRTP sheet (see attached).

First Aid Policy



Bethany School Graduated Return to Play Handover Sheet

Name: _____ House: _____ Year: _____ Coach: _____

Date of Concussion: _____

Earliest possible date for each stage: 1 2 3 4 5 6

Stage	Duration	Rehabilitation Stage	Start Date	End Date	Comments	Signature
1	14 days	Rest – complete physical rest without symptoms				
		CLEARANCE BY DOCTOR / MEDICAL STAFF NEEDED				
2	2 days	Light aerobic exercise				
3	2 days	Sport-specific exercise – no head impact activities				
4	2 days	Non-contact training drills				
		CLEARANCE BY DOCTOR / MEDICAL STAFF NEEDED				
5	2 days	Full Contact Practice				
6	Day 24	Return to Play				

Bethany School Graduated Return to Play Handover Sheet

1. Pupils with concussion should follow the RFU's Graduated Return to Play (GRTP) Pathway. This GRTP Handover Sheet should be given to the student by the School nurse.
2. Stages 1 to 6 on this GRTP Handover sheet must be signed by a responsible adult and **not** the student. This could be the parent, the School nurse, the Sports teacher, physio, or Doctor.
3. The student must be symptom free to progress through each stage. If a student reports any signs or symptoms of concussion, i.e, headaches or nausea, they have to stop and consult a medical practitioner.
4. The 'Clearance by a Doctor' box must be signed by a suitably qualified Medical Professional, i.e, the student's GP or a Medical Professional.
5. The student is responsible for this Handover Sheet and showing it to the adult responsible for each stage of the GRTP.
6. Lost Handover Sheets need to be replaced and re-signed before the student can proceed through the stages. NO SHEET = NO ACTIVITY!!
7. The completed Handover Sheet should be handed in to the School Medical Centre and notification of a successful GRTP will be made to the Head of PE.

http://www.englandrugby.com/mm/Document/MyRugby/Headcase/01/30/49/57/returntoplayafterconcussion_Neutral.pdf