



**Blundell's**  
PREPARATORY SCHOOL

**FIRST AID AND MEDICAL PROTOCOLS POLICY  
(INCLUDING EYFS)**

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## First Aid and Medical Protocols Policy (including EYFS)

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## First Aid Policy

In the creation of this policy, due regard has been paid to the DfE Guidance on First Aid in schools. In doing so, Blundell's Preparatory School will promote the health and wellbeing of all pupils and will make provision for first aid cover for all pupils, staff and visitors. Everyone will be treated with a high standard of care, compassion, courtesy and dignity and where necessary, further treatment will be sought.

If a pupil is unwell or is injured, attempts will be made to contact the next-of-kin. However, if it is deemed an emergency, the School will refer the pupil for further medical review, as required. The pupil will always be accompanied by a member of staff, who will remain with them, until a family member arrives to take responsibility.

In the event of a serious emergency (see attached protocols) within the school campus, the attending member of staff should call (9)999, clearly stating location, casualty's name and the nature of the medical emergency.

### **First Aid Equipment**

First Aid kits are available in a number of locations throughout the Prep, Pre-Prep Schools including the Outdoor Learning Hub (Appendix A). These are checked regularly by the Senior First Aider and replenished. It is the responsibility of the user to inform the Senior First Aider if a kit has been used so that its supplies may be replenished.

### **Sport, Trips and Outdoor Learning**

First Aid Kits are available for all events both on and off campus. Additional supplies may also need to be taken, such as prescribed Epi-pens or asthma inhalers.

### **Transport / Buses**

All buses involved in the transportation of pupils carry a First Aid Kit. These are replenished by the Sanatorium at the Senior School. Drivers are responsible for notifying the San if any supplies need replenishing.

### **Automated Defibrillator**

There is a defibrillator in the foyer of the Prep School building, outside Reception. Instructions for use can be found inside the unit and it can be used by any adult regardless of whether they are first aid trained or not. Weekly checks are carried out by the Senior First Aider to ensure that the equipment is in good working order.

## **Medical Provision**

Most members of the teaching staff and most of the non-teaching staff are trained to deliver First Aid and this is updated every three years. The School Office holds a detailed list of all staff with First Aid training with refresher dates.

- A qualified First Aider is always available on site to assist in the case of a minor accident.
- A qualified pediatric first aider will always be on site when EYFS children are in school. Likewise, a qualified pediatric first aider will always be present on a school trip which includes EYFS children.
- First Aid kits are available in several locations throughout the campus (Appendix A)
- If a pupil becomes injured or unwell, the attending member of staff will assess the child. The decision will then be made as to whether the child is fit for school, requires further medical assessment or needs to go home.
- If the child needs to go home or to have further medical assessment, staff will inform the School Office or Head of Pre-Prep and the parents / guardians will be contacted. If the injury is deemed serious, please follow the pathway for calling an ambulance (Appendix D)
- The pupil will be cared for and made comfortable by the staff in the School Office or the Pre-Prep until the pupil is collected.
- In the case of a serious injury, parents will be contacted immediately to take the pupil for an assessment with their GP or at the UCC (Urgent Care Centre). If immediate treatment is deemed necessary, the parent would be asked to meet the pupil and accompanying member of staff at the UCC Tiverton Hospital.
- In the event of a serious event, call (9) 999 and the School Office. The School Office will inform the pupil's parents/guardian. If the pupil is taken to hospital, he/she must be accompanied by two members of staff. This will be coordinated by the School Office according to staff schedules.

**It is essential that, if in any doubt, about the severity of a pupil's condition you should err on the side of caution and dial (9) 999. Young children can deteriorate very quickly when ill or injured.**

## **Minor Accidents**

- A First Aider should be summoned immediately in the case of a minor accident.
- Use the First Aid box located nearest to the accident. A list of First Aid box locations is attached – Appendix A.
- Gloves should be worn when tending to an open wound.
- Clean the wound with alcohol-free wipes before applying a dressing. Bloodstained wipes should be placed in a plastic bag and sealed before disposal.
- Chemical burns should be treated with cold water, and the injured person taken to the Tiverton Hospital together with the name of the chemical.

- Body fluids should be removed, wearing plastic gloves, with paper tissue or disposable cloths and placed in the waste disposal bin. Stains should be cleaned with diluted disinfectant, and stain remover on carpets. A porter will take responsibility for this action.
- Minor head injury – If a child has sustained a minor head injury (or other injury which might give cause for concern) this will be recorded on an Injury Form in the pupil's Individual Record Sheet within the appropriate First Aid file by the member of staff who treated the pupil. The completed Mr Bump Medical Accident Injury Form is then scanned and emailed to parents at the end of the day. Parents are asked to acknowledge receipt of the form. The form is then filed in the pupil's file for future reference.

### **Record Keeping and Administration**

- In order to comply with the Data Protection Act, no records of accidents should be retained by any member of staff and should not identify the individual to others. Minor accidents are recorded on iSams in the Medical Centre Unit on the pupil's record.
- All serious accidents are recorded on an Accident RIDDOR Form in the First Aid Room or Pre-Prep Staffroom. All forms must be sent to the Health and Safety Administrator at the Bursary for appropriate action.
- Parents are informed of all Head or significant injuries using the Mr Bump Medical Accident Injury Form which is emailed to parents.
- Inform the Senior First Aider if a First Aid box has been used so that it may be replenished.

### **Administration of Medicines**

- Medicine brought in by the parents to school for a Prep age pupil will be handed in at the School Office. This will be kept in the fridge in the School Office if required or in a locked cabinet. In the Pre-Prep the medicine is taken in by the Form Teacher. Medicines should be clearly labelled with the pupil's name and clear instructions for administration, to include time and dose. The parent will be asked to sign the medicine form to indicate that permission is given for the administration of the medicine.
- Prescription medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist.
- Once the medicine is administered this must be recorded on the Medicine Request form stating the amount, time and date given and signed by the member of staff who administered it.
- If a child requires medicine during the day, e.g. Calpol for a headache, the parent will be contacted and permission sought. Once the medicine is administered this must be recorded on the Medicine Request Form stating the amount, time and date given and

signed by the member of staff. The parent will be asked to sign the Medicine Request Form retrospectively as soon as they are able to do so.

- Epi-pens are located in the Prep First Aid Room in the Named Medicine Cabinet and in the First Aid Kit for sport, Outdoor Learning and Trips. In the Pre-Prep they are located in the Staff room or classroom. The Epi-pens accompany the Pre-Prep children to lunch and when outdoor on learning lessons within the grounds and on trips.
- Inhalers for asthma: staff are responsible for checking the condition of asthmatic children before each games session and keeping the child's inhaler for that session. Inhalers including spare inhalers are held in the Prep First Aid Room locked cabinet and Pre-Prep Staff Room.
- Should staff be required to administer medicines that require medical or technical knowledge then appropriate training will be provided.

### **Games Staff**

For all match and/or practices the following the following guidelines should be followed.

- Attend to the pupil as soon as you are aware that he/she is in distress. Do not wait for the game to be stopped (Appendix J).
- Make an immediate assessment as to whether the pupil requires medical attention.
- **If you have doubts over the extent of the injury, do not move the pupil – wait for medical assistance.**
- In the event that medical treatment is required decide whether the situation is an emergency (including 999 if an emergency) or simply in need of basic treatment for a minor injury.
- In a pupil sustains a head injury, if appropriate, perform a Maddock Scoring Assessment or similar (Appendix M).
- If basic treatment is required, treat as necessary at the scene or send to the School Office. The child must be fit to return to play.
- All serious accidents must be recorded in the Accident RIDDOR Form. The completed form must be sent to the Bursary immediately. Minor accidents are recorded in the pupil's Individual Record Sheet First Aid Files in the First Aid Room and Pre-Prep Staff Room.
- Games staff carry mobile phones.
- Inform the Senior First Aider if a First Aid Kit has been used so that it may be replenished.

### **Telephone numbers**

Prep First Aid Room - 01884 232452 Internal extension 452

Prep School Office - 01884 252393 Internal extension 315 or 342

Pre-Prep Staff Room - Internal extension 345

Head of Pre-Prep - Internal extension 346

Tiverton Hospital - 01884 253251

### **Prep and Pre-Prep Postcode**

### **Contact with Parents**

Parents of children in the EYFS will be informed of the procedures in the event of their child being ill or infectious. If a teacher suspects that a child is unwell, they will make an assessment and then contact the child's parent, usually to ask that the child be collected. In the event that a child vomits or has diarrhoea the teacher may wish to recommend a visit to the GP and will ask that the child does not return to school within 48 hours from the last time that they vomited. In the event that a child is infectious, they should not return to school until a GP has confirmed that they are no longer infectious.

Prior to a child joining the school the parents will be asked to complete a medical form outlining their child's medical history including vaccinations, medical conditions, major illnesses and operations. Parents are asked to declare if their child is allergic to anything, suffers from asthma or has any allergies or special dietary requirements. They are also asked to sign a medical consent (optional) form giving permission for the Head Master to act in loco parentis in an emergency should the School be unable to contact parents for the consent of an operation and/or administration of an anaesthetic. Medical and contact details are updated by parents checking information held on our Parent Portal and amending where necessary. They are reminded to do this termly via the iLetter. A copy of this information is held on the child's file in the School Office in order to comply with the Data Protection Act.

If a child needs assistance with a long term medical condition or has complex medical needs a written health care plan would be drawn up with the parents, health professionals and relevant school staff. A risk assessment might also be necessary. Parents would be invited into school to talk through their child's condition along with the relevant health care provider in order to train staff in the necessary care required for their child.

Any prevailing medical conditions are entered on the 'Medical Centre' on the school database (iSAMS) which can be viewed by staff through their iSAMS login. Any pupil with a critical need to know condition, such as diabetes or anaphylaxis is discussed at appropriate staff meetings with all staff being fully aware of the child's condition. The medical information is accessible to all academic staff through iSAMS and should be regularly reviewed, particularly when accompanying pupils off campus. Any dietary requirements are passed to the Kitchen along with a named photo of the child.

It is the responsibility of parents to keep the School updated of any changes to health and medical requirements for school. The School cannot be responsible if information is not forthcoming.

For disclosure of Child Protection issues, please report to the Designated Safeguarding Lead. For matters relating to a member of staff, please report to the Head.

### **Staff Medical Information**

In case of an emergency, all staff in the Prep and Pre Prep are asked to provide details of any need to know medical condition, along with their next of kin and necessary contact numbers.

### **Medicines in School - Staff**

If you are required to take medication (including homeopathic) in school please ensure that this is locked away safely at all times. If you have either an on-going condition or a short time condition which requires medication while in school you will need to complete a medical self-declaration form, place in an envelope, seal and hand to the Head Master. This will be placed on your personal file. This will not be required for the occasional use of analgesics.

## **APPENDIX A**

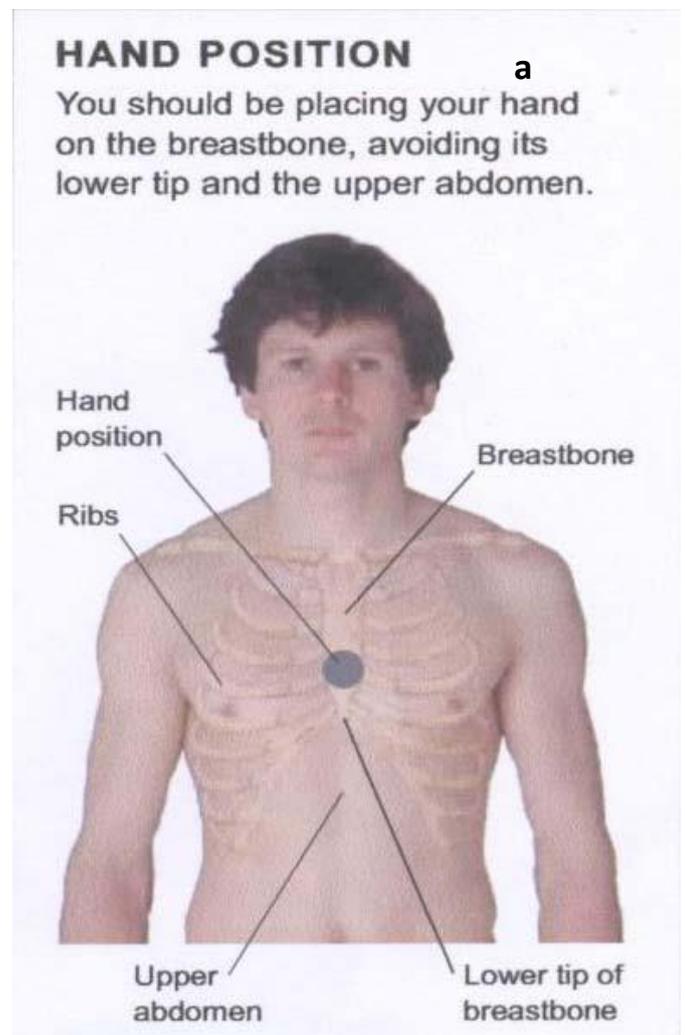
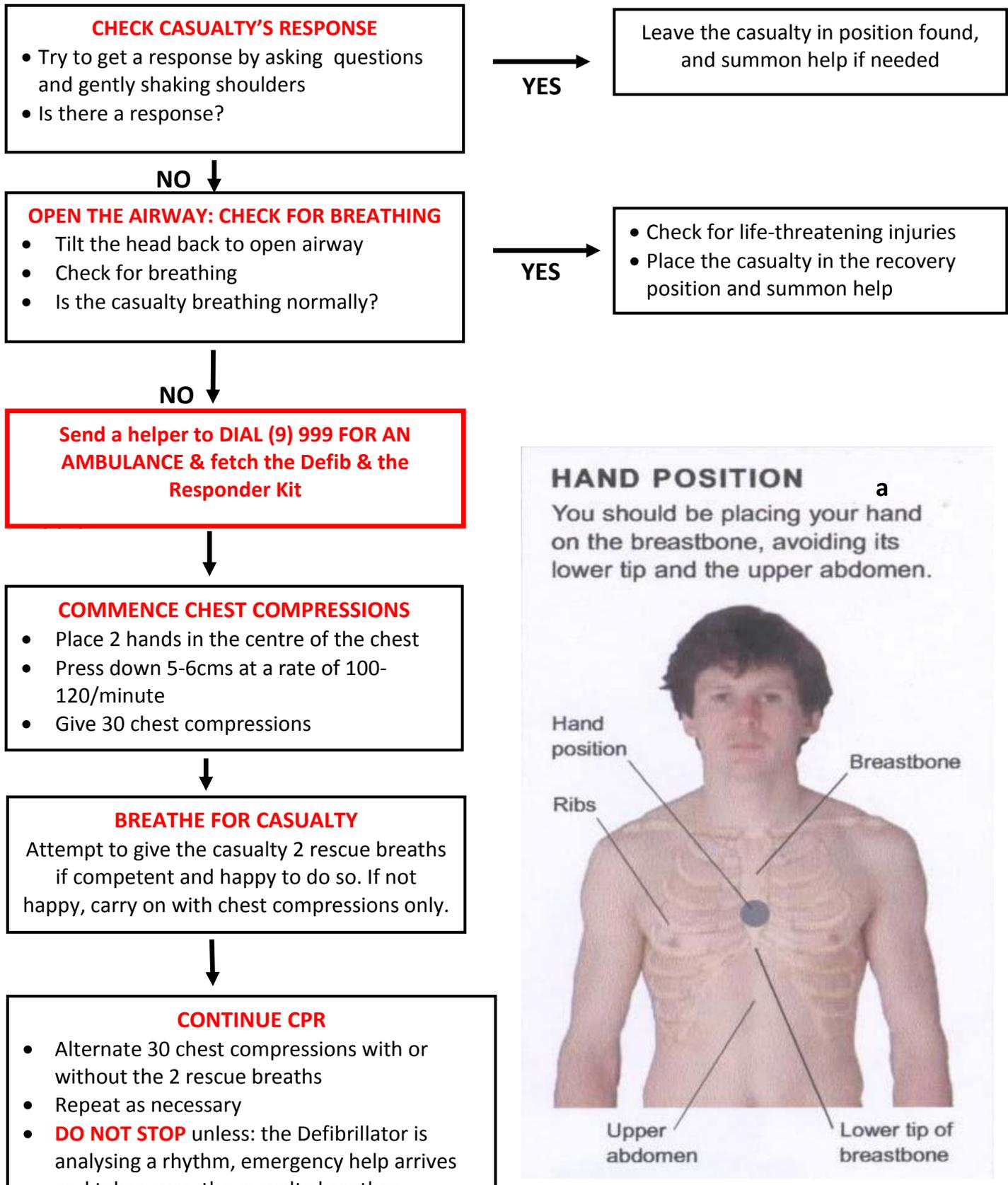
### **LIST OF FIRST AID BOXES WITH LOCATIONS**

	<b>Department</b>	<b>Position</b>
<b>1</b>	Pre-Prep Porters and Catering Staff Room	
<b>2</b>	Pre-Prep	On the wall outside the girls' toilets KG
<b>3</b>	Pre-Prep Resources Cupboard	
<b>4</b>	Pre-Prep Staff Room	
<b>5</b>	Pre-Prep Nursery Kitchen	
<b>6</b>	Prep Girls' Games	For fixtures
<b>7</b>	Prep Boys' Games	For fixtures
<b>8</b>	Prep First Aid Room	
<b>9</b>	Prep School Office	
<b>10</b>	Prep Food Technology Room	
<b>11</b>	Prep Kitchen	
<b>12</b>	Prep D&T Room	
<b>13</b>	Prep Science Lab	

**Minibuses carry a First Aid Kit and a yellow Biohazard Fluid Disposal Kit as per Decontamination Policy**

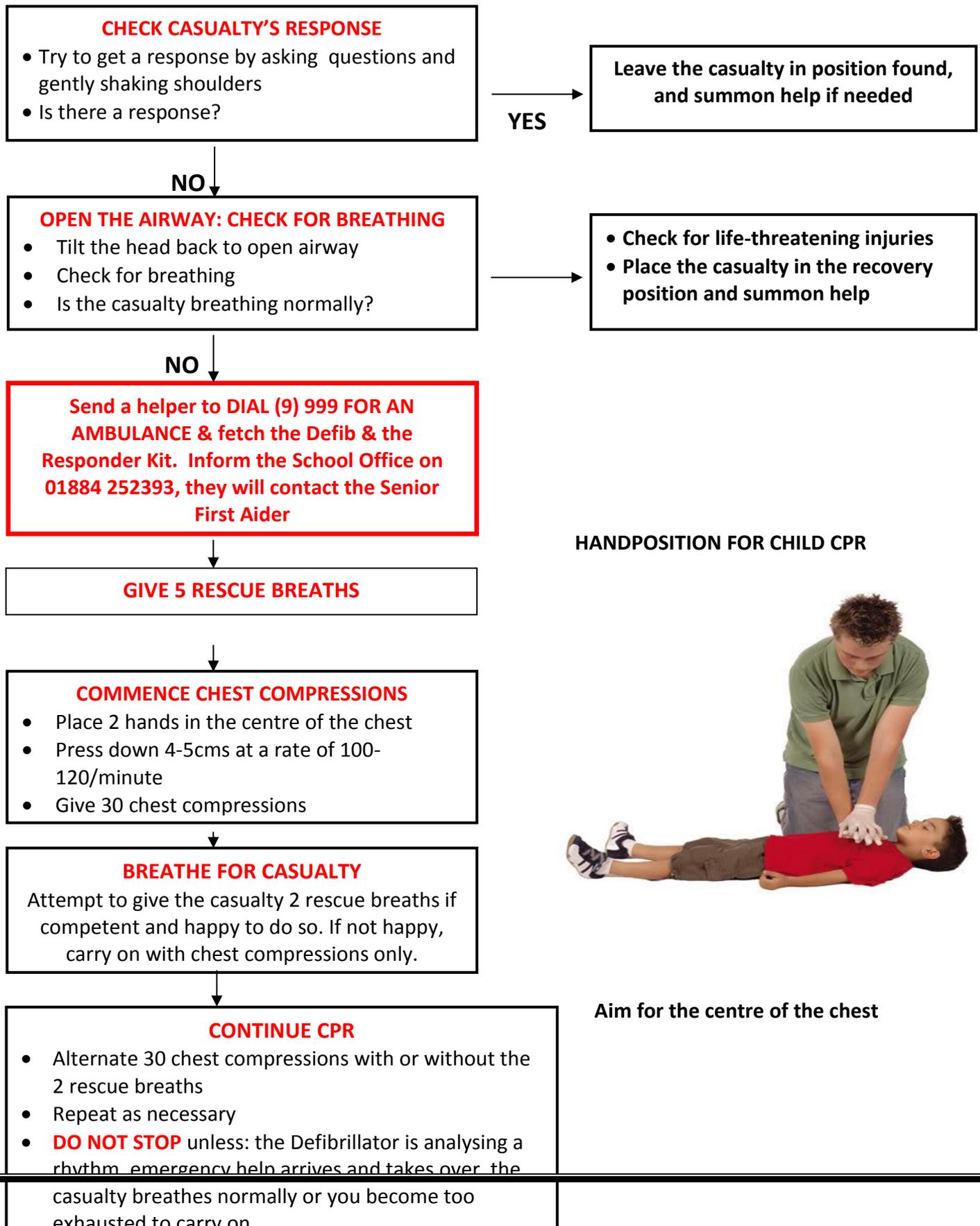
## APPENDIX B

### ADULT CPR RESUSCITATION CHART



## APPENDIX B (ii)

### CHILD CPR RESUSCITATION CHART



## APPENDIX C

### PROTOCOL FOR USE OF AUTOMATED EXTERNAL DEFIBRILLATORS (defibs)

#### General Information

A defib is a vital link in the chain of survival: the earlier it is used after a cardiac arrest, the greater the chance of the person surviving.

**Blundell's Preparatory School has its own defib in the main foyer.**

All Defibs are equipped with both adult and paediatric defib pads. However, adult pads can be used on children by placing one pad on the chest and one on the back.

**The defibrillators at school are designed to be used by any person. You do NOT have to have had any training to use them. The defib will only deliver a shock if required. It is fully automatic and you will not have to press a shock button.**

#### Remove the Defib and the First Responder Pack

- Take defib and pack to the collapsed person
- KEEP CALM, you will be guided through what to do
- Open the lid and follow the instructions
- Try to remember the **5 P's** when using the defib:
  - 1: Pendants:** remove any obvious pendants, piercings or jewellery around neck
  - 2: Pacemaker:** do not place pads over any obvious pacemaker sites (usually below left collar bone)
  - 3: Perspiration:** wipe away any excess sweat
  - 4: Puddles:** if patient is in a puddle of water
  - 5: Patches:** remove any visible medication patches
- If needed, shave any chest hair to achieve good contact with pads. A razor is available in the first aid pack with the defib

#### Maintenance

Weekly checks are carried out by the Senior First Aider and recorded appropriately. If the alarm sounds, please inform the School Office or the Senior First Aider. Please inform the School Office and the Senior First Aider if the Defib is used and complete an Event Form.

## APPENDIX D

### TO CALL AN AMBULANCE IN AN EMERGENCY

In the event of a serious emergency anywhere on campus the attending member of staff should call: **Remember to put the speaker on your mobile phone**

**Dial (9) 999**

**Phone the School Office on 01884 252393.**

**Remember:      A – Airway  
                          B – Breathing  
                          C – Circulation**

**IF NOT BREATHING NORMALLY OR COLLAPSED, SEND SOMEONE TO  
FETCH THE DEFIBRILLATOR AND THE RESPONDER KIT**

**If fitting they may not be breathing.**

Be prepared to give the following information;

- Clear directions as to where you are
- Is the patient unconscious/unresponsive or conscious/talking?
- Simple description of condition of patient (e.g. acute pain, severe bleeding etc.)
- Any known medical history (e.g diabetic, epileptic etc)
- Follow instructions given and **DO NOT** ring off until told to do so
- Send a responsible person to meet the ambulance
  
- Inform the School Office (during school hours) – tell them exactly where you are on campus. They are often the ambulance's first port of call!

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## APPENDIX E

### PROTOCOL FOR THE TREATMENT OF A SEVERE ASTHMA ATTACK

#### Immediate action

- If SEVERE shortness of breath, distress or collapse call (9)999 for an ambulance, stating clearly post code, child having severe asthma attack
- Contact the School Office on 01884 252393.

#### Assessment of Asthma Attack

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed
- Difficulty in breathing (fast and deep respiration)
- Cannot complete sentences
- May be distressed
- Exhausted
- Persistent cough (when at rest)
- A wheezing sound may come from the chest (when at rest) or no sound at all
- Being unusually quiet
- The pupil complains of shortness of breath at rest, feeling tight in the chest

#### Management

- If symptoms **SEVERE call (9)999** (as above)
- Inform the **School Office on 01884 252393.**
- Be calm and re-assuring
- If conscious keep patient sitting upright, leaning forward onto a table if comfortable.
- Use the pupil's own Blue (Salbutamol) inhaler – if not available, use the emergency inhaler with spacer.
- Remain with the pupil while the inhaler and spacer are brought to you.
- Immediately help the pupil to take two separate puffs of the salbutamol (Blue) inhaler with or without the spacer immediately. The spacer fits onto the mouthpiece of the inhaler. The inhaler should be shaken before each puff and checked for debris. 30 seconds needs to left between each puff.
- If there is no immediate improvement, continue to give two separate puffs every two minutes via the spacer up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken before each puff and 30 seconds left between each puff.

- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL (9)999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

## **APPENDIX F**

### **PROTOCOL FOR THE TREATMENT OF EPILEPSY (fitting)**

A convulsion, or fit, consists of involuntary contractions of many of the muscles of the body, caused by a disturbance in the function of the brain.

There different types of Epilepsy:

#### **Petit Mal**

- Only a brief blurring of consciousness, like day dreaming
- Slight twitching or jerking of the lips, eyelids, head or limbs
- Odd movements such as lip-smacking, chewing or making noises

#### **Grand Mal**

- Violent seizures
- Loss of consciousness
- Incontinence

#### **Signs of a grand mal:**

- An aura (brief warning period), e.g. a strange feeling or a special smell or taste
- Loss of consciousness sometimes accompanied with a cry
- Rigid, arching back
- Altered breathing
- Face/lips may become discoloured
- Convulsive movements with clenched jaws

#### **Treatment**

##### **Aims**

- To protect the patient from injury while the fit lasts. The floor is the safest place
- To provide care when consciousness returns
- Note the time and duration of the fit and what preceded it

##### **Action – IF NOT KNOWN TO BE EPILEPTIC**

- IMMEDIATELY CALL (9) 999 stating clearly POST CODE and CHILD/ADULT FITTING
- Continue as above until ambulance/paramedics arrive

##### **Action – IF KNOWN EPILEPTIC**

- If fit lasts more than 3 mins, CALL (9) 999 stating clearly POST CODE and CHILD/ADULT FITTING

- DO NOT move or lift patient unless he/she is in immediate danger
- DO NOT use force to restrain him/her
- DO NOT put anything in his/her mouth
- Help to the ground if appropriate and clear the area
- Loosen clothing around the neck
- When convulsions cease, check breathing
- If breathing, place in the recovery position (see image)
- If NOT BREATHING, call (9)999 stating clearly POST CODE and CHILD NOT BREATHING – START CPR



## APPENDIX G

### PROTOCOL FOR THE EMERGENCY TREATMENT OF ANAPHYLAXIS AND THE USE OF AN EPIPEN

Anaphylaxis is a rapid, severe allergic response when someone is exposed to a substance to which they are allergic i.e. insect bites or stings, food or drugs. When exposed to the allergen, chemicals are released throughout the body which causes an abnormal cascade reaction\*. **\*THE INITIAL REACTION MAY OCCUR VERY RAPIDLY WITHIN MINUTES OF EXPOSURE OR MAY BE DELAYED.** Those pupils who have been identified as at risk of anaphylaxis will have been prescribed an EpiPen by their GP or specialist doctor.

**All pupils allocated an EpiPen will be found on the Medical Centre within iSAMS.**

#### **Symptoms signalling the onset of an allergic reaction include:**

- Itching of the skin, raised rash (like nettle rash), flushing
- Swelling of the hands and feet
- Wheezing, hoarseness, shortness of breath and coughing
- Headache
- Nausea and vomiting
- Abdominal cramps

#### **More serious symptoms include:**

- A feeling of impending doom
- Difficulty swallowing /breathing
- Swelling of lips, throat and tongue
- Severe shortness of breath
- Collapse and loss of consciousness

#### **Action**

- If you notice any symptoms above, establish from person if they have any known allergies
- Check wrists for a medic-alert bracelet, if person unknown
- Locate EpiPen (as determined in written plan of care)
- Administer EPIPEN if symptoms are severe and progressing rapidly
- Call (9)999 stating clearly post code and child collapsed/known anaphylactic
- Inform the Main Office on 01884 252393
- Main Office to inform parents as soon as possible
- Support patient in most comfortable position or in recovery position if unconscious

#### **TO ADMINISTER AN EPIPEN:**

- Take the EpiPen out of the plastic tube

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- Pull off the grey/blue safety cap and hold EPIPEN in your dominant hand (**BLUE TO SKY, ORANGE TO THIGH**)
  - Aim the orange end of the EPIPEN midway between the hip and knee, at right angles to the leg (do not waste time by attempting to remove clothing – the needles are designed to go through tough materials)
  - Swing from a distance of 1cms and firmly jab orange tip against outer thigh so it clicks. Hold in place for 10 seconds, then remove, and massage thigh for 10 seconds (remember 10-10-10)
  - Dispose of Epipen in a sharps container (available with the ambulance). Note: newer Epipens re-sheath the needle automatically but should still be disposed of safely
  - Be prepared to administer another dose after 5 minutes if the persons condition deteriorates again

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## APPENDIX H

### PROTOCOL FOR THE TREATMENT OF BURNS

Burns are caused by contact with heat, such as fire, or exposure to a radiated heat source, e.g. the sun, certain chemicals, electricity and friction. A scald is a burn caused by a hot liquid or steam.

#### Aim

- To cool the skin as soon as possible.

#### Treatment for Minor Burns

- Immerse in cold water (tap water will suffice) for at least 10 minutes, if available
- Remove rings if burns are on hands
- Apply burn dressing / gel if available and cover with cling film if available
- It is important to obtain an accurate history of how the accident occurred, and if a chemical burn establish the name of the chemical
- Inform the School Office on 01884 252393
- Do **NOT** apply creams or anything else on skin
- Fill in an Accident Report and send to the Bursary
- Parents to be informed

#### Treatment for Major Burns >10% body area (palm of hand = 1% approximately)

- Immediately call (9)999 stating clearly post code and 'child with burns'
- Follow procedure for above

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## **APPENDIX I**

### **PROTOCOL FOR THE TREATMENT OF EPISTAXIS (NOSEBLEEDS)**

Nosebleeds are common in children and are usually mild and easily treated. Sometimes bleeding can be more severe but this is usually in older people or those with medical problems such as blood disorders.

#### **Causes**

- The small blood vessels inside the nose are very delicate and can rupture for no apparent reason
- The most common site is in Little's area which is just inside the entrance of the nostril on the nasal septum (the middle harder part of the nostril)

#### **Reasons for Epistaxis**

- Picking the nose
- Colds and blocked stuffy noses i.e. hay fever
- Blowing the nose
- Minor injuries to the nose
- Spontaneous (blood vessels may need cautery)

#### **Treatment**

- Sit up, with head slightly forward
  - Pinch the lower fleshy end of the nose with finger and thumb, completely blocking the nostrils
  - Apply pressure for 10-20 minutes
  - Place an ice-pack around the nose
  - Once the nosebleed has stopped, do not pick the nose and do not blow the nose for up to 24 hours
  - If bleeding persists, ring the School Office on 01884 252393, stating your location and they will contact the Senior First Aider
  - Inform the parents and take the pupil to the Urgent Care Unit
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## APPENDIX J

### PROTOCOL FOR THE TREATMENT OF PHYSICAL INJURIES

#### HEAD INJURIES

If you feel that a pupil has suffered a head injury you must follow the guidelines below. The School urges you to err on the side of caution. Should you have any doubts please seek advice from the emergency services.

It is very important to obtain an accurate history of the incident; accounts from witnesses if knocked out, if so for how long, any confusion, disorientation, amnesia, headaches, vomiting, visual disturbances, fitting etc., any neck or limb symptoms, and any other injuries.

If you are able to obtain a Maddocks Score (Appendix M) then please relay this information to the emergency services if called.

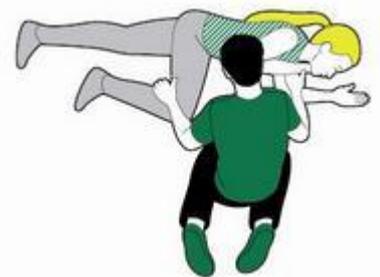
#### **If NOT breathing - Call for HELP**

Ask any bystander to **CALL 9 999**, clearly stating post code and child not breathing. Send someone to fetch defibrillator and responder kit. If alone you must do this yourself and then start basic life support (CPR) (Appendix B)

**If breathing but unconscious and unrousable**, place the patient into the recovery position (see image) – call (9) 999 clearly stating post code and child unconscious. If concerned about neck or spinal injury, see below.

If any concerns re. neck or spinal injury the patient must not be moved unless there is a problem with breathing. Use the Log Roll technique to get the casualty onto their back to commence CPR or to remove from danger.

To perform a **SAFE LOG ROLL** use as many helpers as you have available to enable you to turn the body with the spine kept straight with the head and neck well supported. Attempt to roll the patient in one smooth movement.



If knocked out, concussed or any concern re: injuries but pupil then able to mobilise safely, pupils must be sent to the UCC. The pupil must be accompanied by a responsible adult and parents informed.

#### NECK AND SPINAL INJURIES

Whenever you suspect that the neck or spine may be injured follow the ABC First Aid principles. The casualty should NOT be moved unless there is risk to life, for example if the environment is unsafe or the casualty is not breathing. Use the log roll technique if the casualty is in danger or is not breathing.

### Signs and Symptoms

- Pain, swelling, deformity or feeling tender at the back of the neck
- Loss of motor function (e.g. unable to move arms and legs properly)
- Loss or alteration of sensation (e.g. numbness in arms or legs)

### Action

- If a neck injury is suspected. Call (9)999 clearly stating post code and casualty's suspected injury
- DO NOT move the head / neck at all
- Immobilise the head to prevent further injury (see below). If available, assign one person to position themselves at the patient's head, using their hands to keep the head and neck in one position



- If the casualty stops breathing effectively, commence CPR
- If there are concerns regarding the airway, open their airway using the jaw-thrust technique. To do this, put your fingertips at the angles of the jaw and gently lift to open the airway, **avoiding tilting the neck**
- If there is vomiting and there is risk of inhalation, **LOG ROLL** them onto their side. Do your best to keep their spine as straight as you can, use the Log Roll technique described earlier. If possible, get up to four helpers, two on each side, to help you keep their head, upper body and legs in a straight line at all times as you roll the body over. One person should maintain control of keeping the head and neck in line
- Stay with the casualty until help arrives and keep casualty warm

### SUSPECTED FRACTURES

#### Obvious Fractures/Major Limb Injury

- If there is an obvious fracture to the leg, do not move the patient and keep warm  
Call (9) 999, clearly stating post code and child with fracture

#### Suspected Minor Fractures (eg wrist/ankle)

- Apply a sling for support, if an arm injury (see image)

#### SOFT TISSUE INJURY/ACUTE PHASE\_(first 48-72hrs)

**The aim**

To control bleeding and swelling, relieve pain and protect the injury from further damage

**Treatment****Rest**

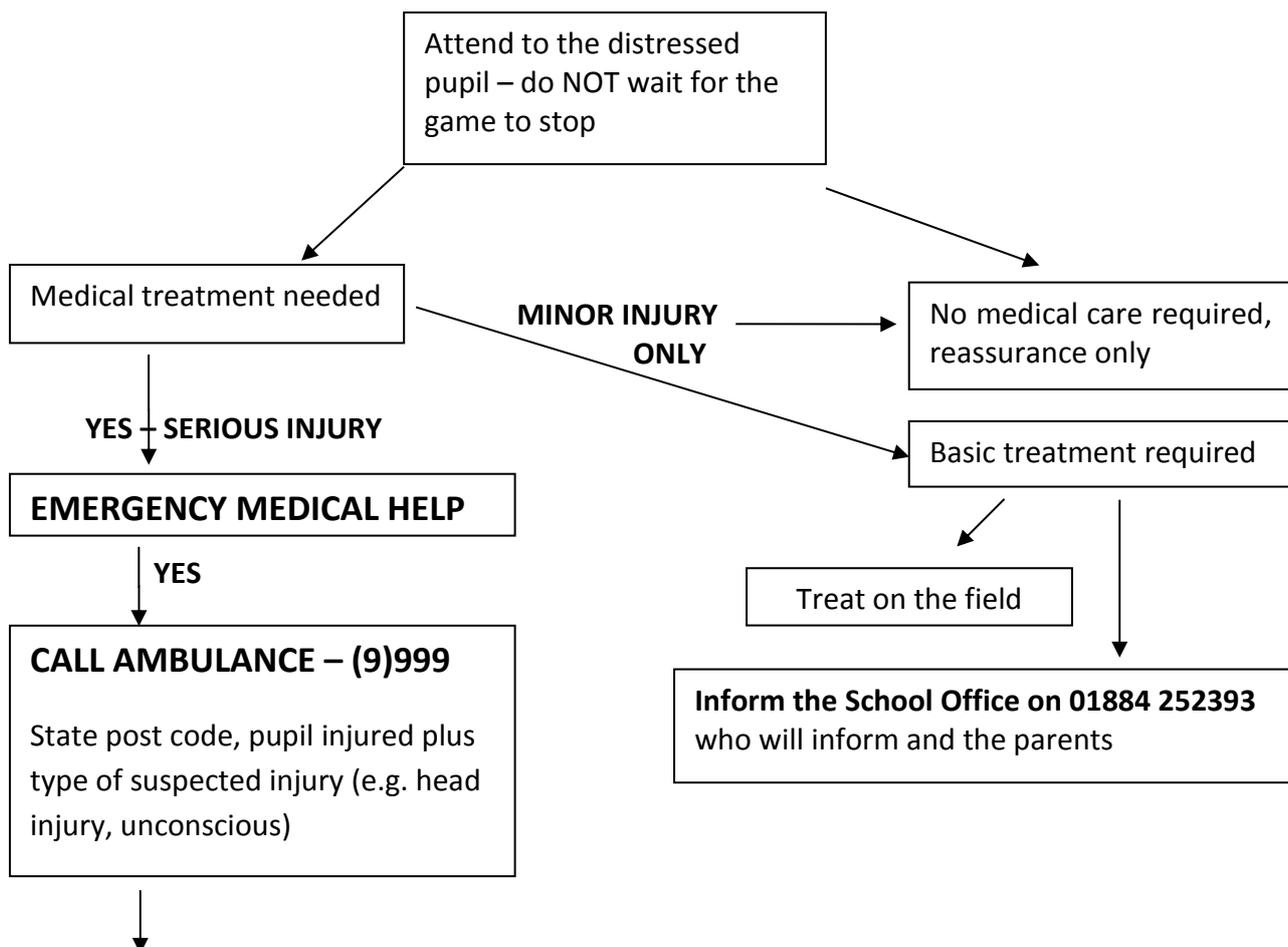
Ice: commence as soon as possible; 10 minutes every 2 hours (do not put ice directly in contact with skin)

Elevation: when resting or sling, if arm injury



## APPENDIX K

### PROTOCOL FOR GAMES STAFF IN THE EVENT OF INJURY TO PUPILS DURING ANY SPORTING ACTIVITY



**\*IF YOU HAVE ANY DOUBTS OVER THE EXTENT OF THE INJURY, DO NOT MOVE THE PUPIL - WAIT for medical help to arrive**

Follow ABC principles of first aid  
Send for defibrillator if appropriate  
Complete an Accident Form and return to the Bursary

**Take a mobile phone with you to the playing area and have the appropriate numbers 'locked in' to your phone.**

**Tiverton Hospital UCC: 01884 235440**

**Emergency services: 9 999**

## **APPENDIX L**

### **DECONTAMINATION POLICY**

#### **Introduction**

Decontamination is the term used to describe a range of processes, including cleaning, disinfection and/or sterilization and disposal, which remove or destroy contamination and thereby prevent infectious agents or other contaminants reaching a susceptible site in sufficient quantities to cause infection or any other harmful response.

#### **Management of Spillages of Bodily Fluids**

Spillage of body fluids must always be cleaned up on occasions. There is a risk of infection to both the people clearing the spillage and to anyone in the vicinity.

#### **Procedure**

- To prevent the spread of infection, if practical, cordon off the area or lock the doors to the affected area until it is possible to clear the spillage
- Exclude from the immediate area anyone not involved in cleaning the spillage. It is especially important to exclude pupils who may not fully appreciate the risk of infection
- If in an Academic Department, firstly call the porter who will clear the spillage. If a porter is unavailable collect gloves, apron, and absorbent clean-up powder from the Cleaner's cupboard.
- Wear protective disposable gloves and, where necessary, cover exposed parts of arms, mouth, nose and eyes. Remember to cover any existing open wounds
- Clear up spillage, taking care not to miss any affected areas as per instructions in the green grab bucket
- If the spillage is on a carpeted area this must be cleaned using a carpet cleaner
- Curtains or loose fabric covers should be laundered or dry-cleaned
- Use sign advising of wet floor if necessary
- Refer to laminated instructions in the grab bucket

**Disposal of all contaminated materials, including all protective clothing used as follows:-**

#### **FOR ALL STAFF**

- Follow good personal hygiene when finished, washing hands and forearms thoroughly with soap and warm water

**Important Note** – if, despite above precautions, accidental contact occurs:-

- With a bleeding wound, make it bleed
- Wash under running water
- Cover the wound

- 
- If there is eye or mouth contact wash / rinse thoroughly
  - If you have any concerns, you should contact parent or seek further medical review
  - Complete an accident form

**DECONTAMINATION PROCEDURE FOR ALL EQUIPMENT:**

**SCHOOL BUSES/COACHES**

- The First Aid Box may contains sick bags or disposable vomit bowls
  - Inside the passenger glove box is a yellow Body Fluid Disposal Kit. The Main Office and the Senior First Aider must be informed immediately if any contents of the First Aid package have been used.
-

## **APPENDIX M**

### **MADDOCKS SCORING – Pitch side head injury assessment**

#### **Introduction**

It can be very difficult to determine if a pupil has sustained a concussion following a head injury, particularly if you do not know the pupil well, in question. It is also very useful for medical staff to have some understanding of the immediate effects of a head injury. A useful measure of determining if there may be a problem that requires medical review is to ask a set of questions and score this out of 5 (Maddocks score). The score of this should be given to the Emergency Services.

Please ask the pupil the following 5 questions and make a note of the score out of 5 (all correct = 5/5) to notify the medical staff. Any pupil who scores less than 5 should be stopped from play and sent for review by the Senior First Aider or if concerned, at the Urgent Care Unit.

- 1: At what venue are we at today?
- 2: Which half is it now?
- 3: Who scored last in this match/session?
- 4: What team did you play in the last game?
- 5: Did your team win the last game?

Please adapt the questions asked as appropriate

## APPENDIX N

### PROTOCOL FOR THE TREATMENT OF CHOKING (over 1 years of age)

*Choking occurs when someone's airway becomes blocked, either fully or partially, so they cannot breathe effectively.*

**Mild choking:** If the airway is partially blocked, the person will usually be able to speak, cry, cough or breathe. They will usually be able to clear the blockage themselves.

#### Action

- Encourage the person to cough to try and clear the blockage
- Ask the person to try to spit out the object if it's in their mouth
- Do NOT put your fingers in their mouth to help them as they may bite you or you may accidentally push the object further down their throat

**Severe choking:** Where choking is severe, the person will not be able to speak, cry, cough or breathe. Without help, they will eventually become unconscious.

#### Action

- Stand behind the person and slightly to one side. Support their chest with one hand. Lean the person forward so that the object blocking their airway will come out of their mouth, rather than moving further down
- Give up to five sharp blows between the person's shoulder blades with the heel of your hand (the heel is between the palm of your hand and your wrist)
- Check if the blockage has cleared
- If not, give up to five abdominal thrusts (see below)



**Important:** Do NOT give abdominal thrusts to babies under one year old or to pregnant women.

- Stand behind the person who is choking
- Place your arms around their waist and bend them forward
- Clench one fist and place it just above their belly button
- Put the other hand on top of your fist and pull sharply inwards and upwards
- Repeat this movement up to five times if needed
- If the person's airway is still blocked after trying back blows and abdominal thrusts, get help immediately
- Call 999 and ask for an ambulance. Tell the 999 operator that the person is choking. Continue with the cycles of five back blows and five abdominal thrusts until help arrives
- If the person loses consciousness and they're not breathing, you should begin cardio-pulmonary resuscitation (CPR) with chest compression



## APPENDIX N

### PROTOCOL FOR THE MANAGEMENT OF DIARRHOEA AND VOMITING

Diarrhoea and vomiting has numerous causes but can be caused by an infection in the gut. These infections can easily spread to others. Food poisoning is a general term for gastrointestinal infections caused by consuming contaminated food or drink and person to person spread of these infections is unusual. Symptoms may include nausea, vomiting, diarrhoea, stomach cramps and fever. Nearly half of episodes last less than one day.

Diarrhoea is defined as 3 or more liquid or semi-liquid stools in a 24 hour period (Public Health England)

#### Immediate action

- If diarrhoea or vomiting is reported by a pupil, isolate the pupil and contact parents.
- Until seen, only allow fluids
- Do encourage pupils to practice good hand hygiene at all times. Washing hands with warm water and soap for 30 seconds is the most effective method of reducing person to person spread of infection
- Follow the 'Decontamination Policy' (Appendix ) for any spillages

#### Management

- If less than 3 episodes of diarrhoea and/or vomiting, the pupil can return to school after 48 hours if otherwise well.
- Public Health England will be informed if there are more cases than normally expected in the School