King's College
The British School of Murcia

First Aid Policy

The policy for first aid will be based on local law and the Dept. for Education and Skills 'Guidance for First Aid in Schools' and although not subject to UK Health and Safety law King's College, the British School of Murcia (KCM) will endeavour to maintain at least the minimum requirements of this legislation. This policy should be read in conjunction with the "Health and Safety Policy".

Responsibility

- According to the DfEE, in its document "Guidance on First Aid for Schools", the employer is responsible for the health and safety of their employees and "anyone else on the premises".
- The Headteacher of the School, or in his/her absence the Deputy, has ultimate responsibility for Health and Safety at school. It follows therefore that he/she must, with the support of other professionals, ensure that:
    1) The School environment is safe; that a Health and Safety Policy is in place
    2) Guidelines and rules promoting safety are adhered to, and
    3) All staff in the School have an adequate awareness and knowledge of health and safety issues.

First Aid at KCM is administered by the School Nurse or designated First Aider in the absence of the aforementioned individual (teachers or other staff, who have undertaken a current practical training in First Aid).

Unless they hold a recognised and valid first aid certificate, staff are appointed persons (see guideline in 'Guidance on First Aid for Schools' DfEE for definition; 'an appointed person is someone who takes charge when someone is injured or taken ill' and are therefore expected ONLY to give first aid treatment for which they have been trained/ feel confident to administer). Teacher's conditions of employment do not include giving first aid, although any member of staff may volunteer to undertake these tasks. Teachers and other staff in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the school in the same way parents might be expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

How many First-Aiders are required?

- An appointed person is the minimum legal requirement.
- There are no rules on exact numbers but as a guide a lower risk place of work (e.g. shops, offices and libraries) should have at least one first-aider for every 50-100 employees.
- KCM falls into the lower risk category. However, account should be taken of the fact that all first-aiders may not be in the school at the same time (due to sickness, residential trips,

nurse not being on-site etc.) and because of this, first-aid training should be given to more than the minimum recommended number of people to ensure adequate coverage at all times.

- A First-Aider will have undergone specific training as set out by the Health and Safety Commission.
- Schools such as KCM with Early Year provisions, should follow Early Years Foundation Stage guidance and ensure that there is always at least one person on the premises (and on outings) who holds a Paediatric First Aid certificate.

Immediate Action when dealing with a Serious Incident

Whatever the level of severity of the accident, it must be made known to parents or legal guardians immediately. They must be informed clearly and precisely. The staff must indicate exactly the place of the accident and details of the injury and its effects on the student.

The School's staff will follow the protocol of Región de Murcia regarding "Primera actuación ante emergencias en centros educativos" which provides the requirements to call 112 and which is provided at the site: https://www.murciasalud.es/publicaciones.php?op=mostrar_publicacion&id=2618&idsec=88

This Protocol states as follows: **When to call 112 and Emergencies**

> **Please call 112 when you or someone is seriously hurt, sick, or his/her life is at risk. Medical emergencies may include: loss of consciousness, chest pains, acute signs of confusion, breathing difficulty, severe nonstop bleeding, burns, epileptic attacks, severe allergic reactions, traffic accidents, gunshot or knife wounds, head injury.**

First Aiders are taught the following steps in dealing with any emergency:

1) Assess the situation

Quickly and calmly find out what has happened, and look for further dangers, such as fire, chemicals, etc., which may still be present.

2) Make the area safe

Protect the casualty, yourself and others from danger. Do not attempt to do too much yourself.

3) Assess all casualties and give emergency aid

Appropriate and adequate emergency aid may alleviate pain and suffering, and occasionally even save a life (remember the ABC: Airway, Breathing and Circulation are vital requirements). Prioritise according to severity of injury when dealing with multiple casualties.

4) Get Help

Summon School Nurse/qualified First-Aider. Quickly ensure that any necessary specialist help is on the way.

5) Complete an Accident/Incident Form

On Isams all information is recorder in the pupil's personal file detailing what happened, what the injury was and what you did immediately.

6) Contact the parents if necessary and inform the Head of School if incident is serious

Practical Steps in the School Situation

The Teacher is usually the first person to be involved in managing an accident or sudden illness. He/she must therefore carry out at least steps 1 and 2 above himself until the school nurse/first aider arrives on scene. The School Nurse/First Aider will decide (depending on the nature and the severity of the problem) whether the casualty should be moved. Much of this is common sense; a basic knowledge of safety and First Aid is also required.

Here a list of staff with First Aid training who can be contacted to deal with the incident:

Appointed School Nurse

Laura Cerezuela García

Other staff

Sharon Powell

Janet Hardwick

Laura Kirlew

Alison Morrison

Amanda Willett

Holly Harrison

Joanne Grigg

Myfanwy Lawrence

Tina Maiolo

Sally Bengtsson

Sophie Gardiner

Lewis Macleod

Here a list of staff with Paediatric First Aid training who can be contacted to deal with the incident:

Appointed School Nurse

Laura Cerezuela García

Other staff

Sharon Powell
Janet Hardwick
Laura Kirlew
Alison Morrison
Amanda Willett
Holly Harrison
Joanne Grigg
Myfanwy Lawrence
Tina Maiolo
Sally Bengtsson
Sophie Gardiner
Lewis Macleod

Authorised use of Defibrillator in case of emergency

Laura Cerezuela García

Adrián Pérez

Amanda Willett

Ángel Casais

Lindsay Nevin

Luis Armero

Francisco Javier Sánchez Espinosa

Wendy Beck

Our Defibrillator is located in the school Reception area.

The teacher also has responsibility for the rest of the class, so will, if necessary, send or take the casualty to the Nurse's room where First Aid help is available. In the case of minor aches and pains or minor injuries a pupil feeling unwell may be accompanied by another pupil to visit the School Nurse. The accompanying pupil should return to class as soon as the casualty has been handed over to a responsible adult. Alternatively, the School Nurse /First Aider can be summoned to the scene of an incident. In this case the teacher should stay with the casualty and send a responsible pupil or adult for help.

The Headteacher or Deputy must be informed, via the Secretary or office staff, as soon as possible in the event of a serious incident. When a pupil is involved, the parents are also informed by telephone (trying first the home and then the work telephone numbers). If the parents cannot be contacted immediately the Headteacher must act "in loco parentis".

First Aid treatment is given either where the casualty has been injured or in the Nurse's room. Continuing care is given if necessary either at school or by sending the casualty home or to hospital. The School Nurse/First Aider and/or Headteacher decide whether the casualty needs to be transported by car, taxi or ambulance. In the event of a less serious injury that requires physician follow-up or examination, it is the parent's responsibility to transport an injured pupil to hospital if a visit to the Casualty department or doctor for evaluation is deemed necessary.

In a serious emergency, a casualty would be taken, accompanied by an appointed person to the nearest Casualty department (usually Hospital Universitario Los Arcos del Mar Menor, being the nearest) appropriate to their requirements. This decision will be made by the School Nurse/Headteacher under advice from the 112 call.

Accident/Incident Records

All serious medical incidents or accidents should be recorded on the Accident record form, kept in the cupboard in the Nurse's room. Less serious incidents for Nurse Office visits are recorded in the daily log onto the school computer system.

By law, this information should include the following:

- Name, year, date, time and location of incident
- Nature of injury
- Treatment given
- Follow-up taken (i.e. sent back to class, sent home, doctor/parents called or email in case of no response, etc.)

Entries should be made by any staff member who dealt with the case and telephone contact made with parents, where appropriate (for more serious injuries or potentially contagious illnesses, and all head injuries). In addition, for serious accidents an Accident / Incident Form should also be

completed immediately, signed by the School Nurse. The parents should be informed by telephone as soon as possible.

The Headteacher should review the incident forms in order to ensure that incidents are indeed handled properly and to determine and eliminate any avoidable causes of accidents.

Quantity, Contents and Location of First Aid Kits

(Reference to Guidance on First Aid for Schools, DfEE)

Location of First Aid Kits

There are First Aid kits located around the school main site in the following locations:

EARLY YEARS BUILDING

Dining Room -

Prenursery – Nursery – Reception Corridor -

Y1-Y2 Corridor -

GROUND FLOOR

Beginning of the corridor -

End of the corridor -

Reception area–

Staff Room-

FIRST FLOOR

Corridor –

Sixth Form Common Room

SECOND FLOOR

Corridor –

Laboratory-

Sixth Form Teaching Room-

FLOOR -1

Dining Room -

Theatre -

PE Staff Room -

Kitchen-

The First aid cupboard in Nurse's room will have the following minimum provision of supplies:

- Saline solution
- Chlorhexidine
- Sterile gauze
- Non-sterile gauze pads
- Wound dressings
- Bandages
- Povidone Iodine
- Oral glucose sachets

The First aid cupboard in the Nurse's room will have the following minimum provision of supplies including Epipen and asthma inhaler with pump.

First Aid Bags for Residential and Day Trips (located in cupboard in nurse's office)

An emergency healthcare list is kept on display in the medical room and other strategic places, such as staff room and Hall and by First Aid containers.

Whenever possible, the school nurse or a member of staff with paediatric First Aid training will deal with body spillages. However, all staff should be made aware of the need for infection control with correct disposal of infectious materials and the wearing of gloves when handling such material or body fluids (see guidelines for dealing with spillage of bodily fluids under Infection Control Policy).

IN CASE OF AN EMERGENCY, CALL 112 or Police if necessary and take the patient to the hospital if advised to do so.

List of qualified First Aiders on display

Sharon Powell

Janet Hardwick

Laura Kirlew

Alison Morrison

Amanda Willett

Holly Harrison

Joanne Grigg

Myfanwy Lawrence

Tina Maiolo

Sally Bengtsson

Sophie Gardiner

Lewis Macleod

References:

1. First Aid at Work. The Health and Safety (First Aid) Regulations 1981
2. Update on the review of the Health and Safety (First Aid) Regulations 1981 www.hse.gov.uk/firstaid/review/dec05.htm
3. Guidance of First Aid for Schools DfEE
4. First Aid at Work; Your Questions Answered http://www.hse.gov.uk/pubns/indg214.pdf
5. Primera actuación ante urgencias en centros educativos https://www.murciasalud.es/publicaciones.php?op=mostrar_publicacion&id=2618&idsec=88

Created and Reviewed by :	**Policy Category:**
Dawn Akyurek / Elena Arroyo June 2022	Health and Safety
Approved by Inspired Board: June 2022	**Next Review:** June 2023

APPENDICES:

APPENDIX 1: IN THE EVENT OF CARDIORESPIRATORY ARREST

The Chain of Survival is the set of continuous and coordinated actions that allows the person who is the victim of a cardiorespiratory emergency to receive fast assistance and increases the chances of successful resuscitation:

1. Call 112 and indicate where you are. At the same time, ask for a defibrillator to be brought to you if there is one in a nearby location.

Assess:

- Consciousness: we will look to see if his/her eyes are open and if he responds to our questions, if he/she does NOT respond, we are dealing with a victim in an unconscious state.

- Breathing: to assess breathing, we will open the airway using the forehead-chin manoeuvre (place one hand on the forehead and with two fingers of the other hand pull the jaw upwards).

If the person DOES NOT RESPOND and DOES NOT BREATHE, begin resuscitation manoeuvre.

2. Start chest compressions at a rate of approximately 100 per minute.

3. Place the defibrillator and follow the instructions.

4. Continue resuscitation until the emergency services arrive.

CHOKING

What to do in case of choking?

Follow these guidelines:

If the patient is conscious and can cough, encourage him to cough.

If the patient is conscious but cannot cough on his own, hold him firmly and give 5 blows on the back, between the shoulder blades (scapulae). If the strange object is not expelled, continue with the following manoeuvre:

Hug the patient from behind, wrapping your arms around him, place your fist in the area of the upper part of the stomach and, above it the other hand and perform 5 compressions.

Caution: in pregnant and breastfeeding women (less than 1 year old), replace it with 5 chest compressions.

- If unconscious: start Cardiopulmonary Resuscitation maneuvers.

APPENDIX 2: PEDIATRIC STROKE CODE

Symptoms and criteria for activation of the Pediatric Stroke Emergency Code

Patient under 16 years of age.

Clinical manifestations compatible with stroke: sudden appearance of at least one of the following symptoms or signs:

- Severe headache.
- Unilateral motor or sensory deficit.
- Alteration of gait or instability.
- Altered level of consciousness.
- Alteration of comprehension or expressive language.
- Visual alteration of one or both eyes.
- First focal febrile seizure in a previously healthy child (with subsequent deficit persisting at the time of evaluation).
- Starting of symptoms at consultation less than 24 hours. These time parameters may be modified in the future according to the available scientific evidence.
- Initial situation of the patient prior to stroke: absence of previous neurological deficit which could condition dependence for the activities expected at his age.

APPENDIX 3: Traumatic Brain Injury (TBI)

Craniocerebral Trauma (TBI) is an injury caused by violent impact on the face and skull.

Depending on the type of TBI, different actions will be taken:

Mild TBI: those patients who have a 14 or 15 Glasgow. We differentiate two types:

- ✓ High-risk mild TBI: patients on treatment with anticoagulants, history of neurosurgical intervention, 14 points in GCS, age over 60 years, skull fracture or trauma caused by seizure. CT scan should be performed and they will be referred to the hospital by their own means or by BLS.
- ✓ Low-risk mild TBI: will not require transfer to hospital, but will require health care education. The patient will be referred home under family observation for 24 hours, and will go to the hospital if(6) (4):
- He/she feels drowsy or has difficulty waking up. You will be awakened every 2 hours.
- Nausea or vomiting.
- Convulsions.
- Severe headache.
- Neurological focality: weakness or loss of sensation, strange behavior, etc.
- Changes of one pupil with respect to the other, changes in vision.
- Outflow of watery or bloody fluid from nose or ears.
- Changes in pulse and/or respiration.

At home, you may:

- Put some ice on the swollen area (wrapped in a cloth to protect the skin).

- Take paracetamol for headache, not aspirin. Do not use sedatives.

- You can drink and eat as usual. Do not drink alcohol for 3 days.

• **- Moderate TBI**: will require a radiological diagnosis (CT) and therefore should be referred to the hospital, depending on their condition, in a BLS or ALS ambulance with constant monitoring to observe possible deterioration. It is common for the patient to have gap amnesia, temporo-spatial disorientation and to ask repetitive questions.

1- Respiratory care

Oxygenation: Pulse oximetry monitoring.

3- Skin care

After completely undressing the patient for secondary assessment, wrap the patient with a sheet and blanket.

4 - Patient comfort and safety (mobilization, posture...)

The patient should be placed in the supine position with the headrest elevated 15-30º. If the patient becomes agitated in this position, it is not contraindicated to transfer him/her to the Fowler position.

4.5 Cranioencephalic and facial trauma.

Mechanical restraint of the patient, by means of straps, to the ambulance stretcher.

5- Health education: if the family is present, or if the family is going to the hospital, explain to them that the evolution of the patient's condition must be monitored. Sometimes, temporarily, repetitive questions are normal due to the temporo-spatial disorientation caused by the concussion.

6- Psychological care: the patient has amnesia of recent events. Therefore, it will be necessary to support, explain and focus on who he/she is, where he/she is and what has happened, usually repeatedly.

7- Attention to psychosocial aspects: given the temporal and spatial disorientation of these patients and their possible deterioration, it is recommended to request a relative's contact telephone number and note it in the nursing report.

Hospital General Universitario Gregorio Marañón

Sección Urgencia Pediátrica

Revisado en Mayo 2013 por C. Miguez Navarro.

Escala de Glasgow

Lactantes

Apertura Ocular	
• Espontáneamente	4
• A una orden Verbal	3
• Al estimulo doloroso	2
• Nula	1
Respuesta Motora	
• Obedece a una orden Verbal	6
Ante el Estimulo Doloroso	
• Localiza el Dolor	5
• Retira y Flexión	4
• Flexión anormal (rigidez de decorticación)	3
• Extensión (rigidez de decerebración)	2
• No responde	1
Llanto como respuesta Verbal	
• Palabras apropiadas y sonrisas, fija la mirada y sigue los objetos	5
• Tiene llanto, pero es consolable	4
• Persistente e irritable	3
• Agitado	2
• Sin respuesta	1
Total	3 - 15

Niños y adultos

Apertura Ocular	
• Espontáneamente	4
• A una orden Verbal	3
• Al Dolor	2
• No responde	1
Respuesta Motora	
• Obedece a una orden Verbal	6
Ante el Estimulo Doloroso	
• Localiza el Dolor	5
• Retira y Flexión	4
• Flexión anormal (rigidez de decorticación)	3
• Extensión (rigidez de decerebración)	2
• No responde	1
Respuesta Verbal	
• Orientado y conversa	5
• Desorientado y hablando	4
• Palabras inapropiadas	3
• Sonidos Incomprensibles	2
• Sin respuesta	1
Total	3 - 15

Diseño: Comunicación y RR.PP

APPENDIX 4: ALLERGIC REACTIONS

Allergic reactions are abnormal and exaggerated responses of the immune system to substances that are not well tolerated by the body. These substances are called allergens, which come into contact with the skin, nose, eyes, respiratory tract and gastrointestinal tract. Such substances can be inhaled into the lungs, ingested or injected.

What to do:

Remove the patient from the source of the allergic reaction.

Assess the victim's level of consciousness (see chapter Recognition of the victim).

If the victim remains conscious, place him/her in a semi-sitting position (see chapter

Standing positions).

Maintain this position until the arrival of the emergency medical services as long as the victim's condition does not worsen.

Check for symptoms such as paleness, sweating or coldness of the skin, difficulty in breathing and speaking, swelling of tender parts.

Ask the victim about possible known allergies and whether he/she has been treated for similar emergencies.

Reassess the whole body continuously, looking for other areas with symptoms of allergic reaction, progression of the reaction, as well as the overall condition of the victim.

Pay special attention to the victim's airway.

If the victim becomes unconscious, call 112 and indicate the victim's condition. Observe if he is breathing.

If he is not breathing or his breathing is ineffective (gasping, poor chest movement), start cardiopulmonary resuscitation manoeuvre.

If breathing, place in the lateral safety position.

Inform the out-of-hospital medical service personnel of the information gathered and actions taken on the victim, as well as any information of interest (history, treatment, trauma).

What NOT to do:

Give the victim anything to drink or eat.

Let him/her scratch if he/she has itchiness.

APPENDIX 5: SOFT TISSUE INJURIES: WOUNDS

The appearance of wounds and contusions is associated with physical trauma due to abrupt impact with objects (blunt, sharp, cutting, sharp, amorphous, etc.). Their degree of severity will depend on several factors:

The force and way with which the impact.

Succession of chained impacts.

Affected body surface and depth.

Exposure time with inadequate treatment.

The greater the degree of severity, the more severe each one is or the more they are added together.

Wounds

Energy contact with objects in the environment can break the skin and deepen the soft tissues, soiling and contaminating, causing pain and haemorrhages. As the wound is left open the risk of infection can arise if the following action is not taken:

What to do:

Find out the object and shape of the injury.

Clean and disinfect your hands and instruments.

Rinse with water and soap the wound.

Clean with gauze or damp cloth handkerchiefs, as sterile as possible, dragging from the centre to the edges and discarding the wound from the core to the edges and discarding the surface already used.

Use an antiseptic substance that does not stain, making sure that the victim is not allergic to its components.

Cover the entire surface with sterile bandages and secure it with adhesive tape or bandage.

In the event of severity and possible difficulties, ensure the patient is transferred to a health centre for assessment and medical treatment (antibiotic and suture) and vaccination if necessary, by calling 112.

What NOT to do:

Use cotton or alcohol.

Dye the wound to be sutured promptly with antiseptic products containing iodine or mercurochrome.

Apply ointments without a doctor's prescription.

The wounds may be associated with contusions.

APPENDIX 6: EXTREMITY TRAUMA

Be suspicious of an injury to bones, muscles or joints in the arms and legs when you see inflammation, deformity and the victim reports localized pain and pain with movement and difficulty in moving the area. Presume seriousness when the difficulty in moving the extremity intensifies and the deformity is very clear, becoming associated with wounds and contusions and, even, exit of the bone in open fractures.

What to do:

- ✓ Call 112 reporting the circumstances and condition of the victim.
- ✓ Apply ice or local cold, if there is no wound in the area.
- ✓ If the victim is cooperative, ask him/her not to move the extremity and even to hold it in the least painful position. Do not allow any support in case of lower extremity injury.
- ✓ Immobilize the affected extremity in such a way as to prevent movement of the joint before and after the fracture site.
- ✓ In lower limbs, maintain immobilization by joining both legs and feet with straps, wide strips of cloth, triangular scarves, etc.
- ✓ In upper limbs, adapt the arm to the body with a triangular scarf as a sling or with the clothing itself held in place by a button, safety pin, shoelace, etc.

What NOT to do:

- ✓ Align a possible fracture or dislocation.
- ✓ Apply heat or anti-inflammatory creams.
- ✓ Actively manipulate an apparent fractured limb

APPENDIX 7: DIABETES RISK ASSESSMENT

Risk Assessment Title	Diabetic student
Date of Risk Assessment	
Risk Assessment Completed by	
Initial Review Date for Assessment: (6 weeks after completion date)	
Assessment Review Date: (biannually or sooner if required)	

Risk	**How can the hazards cause harm?**	**Who is at Risk?**	**Normal Control Measures**	**Are Normal Control Measures** *Y/N/NA*	
				In Place	**Adequate**
Students become unwell.	Fall, trips and slips due to dizzy conditions or fainting.	Student	• Allow the pupil to check blood sugar levels as often as needed. • Make sure all staff are aware of the signs of them becoming unwell with high or low blood sugar levels. • Make sure they can get to food and drinks when they need to • Contact parents in case it happens	**Y**	**Y**
Equipment becomes lost or damaged	incorrect measurement of blood sugar levels.	Student	• Spares of all equipment must be available. • Directions on storage of equipment must be clear and followed. • In case you do need extra supplies, before the event you'll need to find out where.	**Y**	**Y**

Additional Control Measures	**Action by Whom** *(list the name of the person/people*	**Action by When**	**Action Completed**	**Residual Risk Rating**

(to take account of local/individual circumstances including changes such as working practices, equipment, staffing levels).	*who have been designated to conduct actions)*	*(set timescales for the completion of the actions – remember to prioritise them)*	*(record the actual date of completion for each action listed)*	
DATE OF REVIEW: *Record actual date of review*	**COMMENTS:** *Record any comments the reviewer wishes to make. Including recommendations for future reviews.*			
DATE OF REVIEW:	**COMMENTS:**			
DATE OF REVIEW:	**COMMENTS:**			

RESIDUAL RISK RATING	ACTION REQUIRED
VERY HIGH (VH) Strong likelihood of fatality / serious injury occurring	**The activity must not take place at all.** You must identify further controls to reduce the risk rating.
HIGH (H) Possibility of fatality/serious injury occurring	You must identify further controls to reduce the risk rating. Seek further advice, e.g. from your H&S Team
MEDIUM (M) Possibility of significant injury or over 3 day absence occurring	If it is not possible to lower risk further, you will need to consider the risk against the benefit. Monitor risk assessments at this rating more regularly and closely.
LOW (L) Possibility of minor injury only	No further action required.