



WESTMINSTER  
SCHOOL

# FIRST AID

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## WESTMINSTER SCHOOL

### FIRST AID

#### **General**

The arrangements for First Aid are intended to cope with all foreseeable incidents in the School, during Station, and on Expeditions and School trips.

During the school week from 08.30-17.00 from Monday to Friday and from 08.30-13.00 on a Saturday, medical cover is provided by the Health Centre staff, situated in Wren's corridor. Outside of these hours, first aid cover for the School is provided by the Duty Matron (if needed they can be contacted and be present at the incident quickly).

#### **Staff with First Aid Training**

House Matrons. All House Matrons will undergo a three-day First Aid course in order that they may provide First Aid cover as required by the HSE and also to enable them to act as Duty Matron. A two-day refresher course needs to be undertaken every three years.

Advanced First Aiders on the Staff. Certain members of the teaching staff will undergo a three-day First Aid course to enable them to lead the more hazardous expeditions in their role, for example, as Mountain Leaders.

Certificates for three-day courses are issued for a three year period at the end of which re-qualification and certification are necessary. A refresher course consists of two days and must be completed before the certificate runs out in order to ensure continuity and validity of the training.

Teaching staff. All other members of the teaching staff will receive a basic one-day course in First Aid in the Workplace. Teaching staff will receive this training as soon as possible after joining the School as part of their induction and their qualification will be renewed three yearly. Training normally takes place during INSET. This will enable all staff to provide basic First Aid wherever there is an incident at which they are present and to recognise when more specialist help is required. A list of those qualified is kept by the Personnel Bursar and the School Nursing Sister needs to advise her of any changes that need to be entered onto this list, e.g. a Matron attending a refresher course.

#### **Availability of First Aid**

First Aid cover is to be available in all Houses, teaching blocks, the Millicent Fawcett Hall and the Manoukian Music Centre, and all Station venues. In addition, First Aid is to be available in the School's Administration areas, in the kitchens and dining halls. Where Station is conducted at external sites, the Master in Charge of the Station is to ensure that the First Aid provision at that site is assured and is understood by the Westminster pupils and the staff taking the Station. Adequate First Aid cover must be provided during School Expeditions and Trips, at home and abroad, planning for which will ensure that the right number and qualification of accompanying staff is addressed.

The number of certified First Aiders in the School will not be less than the number required by law, which is a minimum of one per site.

### **First Aid Boxes**

Each site will have a First Aid box which is checked by the designated Matron twice each term. Each site will also have a sign prominently displayed giving the telephone number of the Duty Matron and the location of the nearest First Aid box. All staff should be made aware of the location of the First Aid box. The First Aid box should be readily accessible in an emergency and not locked away.

Sufficient quantities of each item must always be available in every box provided. In most cases, the items listed below will suffice:

1. One guidance leaflet (or photocopy of relevant pages from leaflet);
2. Twenty individually wrapped sterile adhesive dressings (assorted sizes), appropriate to the type of work carried out e.g. of a detectable type for food handlers;
3. Two sterile eye pads;
4. Four individually wrapped triangular bandages (preferably sterile);
5. Six safety pins;
6. Six medium sized individually wrapped sterile unmedicated wound dressings (approx. 12cm x 12cm);
7. Two large sterile individually wrapped unmedicated wound dressings (approx. 18cm x 18cm);
8. Disposable gloves, which should always be worn when attending to a patient, to afford adequate protection from body fluids such as blood, urine or vomit.

If additional materials and equipment are deemed necessary, for example scissors, adhesive tape, individually wrapped moist wipes, these may be provided.

Where tap water is not readily available for eye irrigation, at least a litre of sterile water or sterile normal saline (0.9%) in sealed disposable containers should be provided. Sufficient containers to provide several minutes irrigation are necessary at each designated eyewash station. The containers should not be used after the expiry date.

All adrenaline injector pen (Epipen / Jext / Emerade) users should carry their own emergency injector (in date) with them at all times in case of emergency, in boarding houses a spare will be kept by the House Matron and in day houses by the Housemaster. Normally only named emergency adrenaline pens may be used. In the event of the pupil being without their injector, there are generic injectors across the School which can only be administered to pupils with known anaphylaxis and where consent has been given to administer this. A list of those allowed to use a generic adrenaline injector is in the box containing the device. In the event of a suspected anaphylaxis event, 999 must be called, the Duty Matron should be contacted on **07909 996159** and during surgery opening hours, the School Nursing Sister on **020 7963 1101**.

### **Action if there is an incident on site:**

The First Aider on site will deal with an incident as it occurs. In addition, the Duty Matron should be contacted on **07909 996159**, who in turn should alert the School Nursing Sister on **020 7963 1101**. The Duty Matron mobile number is widely publicised. Where possible the patient should be brought to the Health Centre, situated in Wren's corridor, where a wider range of medical facilities can be provided.

Any pupil who needs to go to hospital must always be accompanied by a member of staff. Where possible the Duty Matron or House Matron will be asked for assistance in providing an escort to

accompany the pupil if required; however if the incident requires urgent hospital treatment and an Ambulance is called, a member of staff will need to accompany the pupil to hospital. The Duty or House Matron will then relieve the member of staff when they arrive at the hospital. Both the pupil's parents / guardian and Housemaster must be informed as soon as possible by the School Nursing Sister or the Duty Matron out of hours.

Day pupils' parents or guardians should meet the pupil at the hospital to relieve the staff escorting the pupil. This ensures that they are present should consent be required for procedure or operation. Where possible, boarders' parents are encouraged to meet their son/daughter at hospital as well, for the reasons stated above.

If it is a member of staff in need of First Aid, then that person's next of kin should be informed if the member of staff consents to this and additionally the Under Master should be informed.

Any pupil that is treated up surgery after an incident, which has not required hospital treatment, may only be sent home after the School Nursing Sister or Duty Matron has obtained the parents' consent. If a parent is not able to collect the pupil from School and the School Nursing Sister does not feel that the pupil is well enough to go home alone, then the pupil will need to remain up surgery until this closes, whereupon they should wait in the Duty Matrons' house until a parent can arrange collection. In exceptional circumstances and when staffing allows, a Matron may escort a pupil home.

A written record should be made by the attending member of staff, be it the School Nursing Sister, Duty or House Matron, of each occasion a member of staff, pupil or other person receives First Aid treatment either on the School premises or as part of a School-related activity. This record must be written up in the pupils' medical Kardex notes or into the pupil's computer notes as appropriate. In the instance of a member of staff requiring first aid assistance, a staff Kardex form should be completed up Surgery. An accident requiring reporting on the online incident form, should be completed by the first attender to the incident and should be written up as soon as possible. Basic details of the incident and action taken rather than a detailed report of any injury sustained is all that is required and ensures no accidental breach of patient confidentiality.

Through dissemination by the School Nursing Sister on a need-to-know basis, staff will be briefed on any significant illness or condition of a pupil for purposes of risk assessment or other defined need. A copy of the current Medical list with the Asthma, Diabetes, Epilepsy registers and the Adrenaline injector pen (Epipen / Jext / Emerade) users may be found in the Common Room secretary's desk, up Hooke in the staff common room and at Vincent Square pavilion. In addition to these lists separate Adrenaline injector pen (Epipen / Jext / Emerade) users list is held by each building head. These lists may be used to note down pupils in a teacher's class but may not be removed, copied or displayed openly with the exception of the Adrenaline injector pen (Epipen / Jext / Emerade) user list which under special, fully consented conditions may be displayed in discreet non-public areas.

#### **Chemical Incidents:**

If the incident involves a chemical such as a cleaning substance during a Chemistry lesson or, all Chemistry labs and the Catering/Housekeeping departments have information with regard to First Aid for these incidents. First Aid should be followed as per the specific instructions only. The School Nursing Sister should be informed of this and this information passed on, if required, to the hospital, either in the form of a brief letter or by the escort.

**An Incident Form is also to be completed on line, by the witnessing member of staff, without delay.**

## **DEALING WITH A SEIZURE ('FIT')**

### **DO**

- Loosen tight clothing around the neck
- Protect the person from injury by clearing a space around them if possible
- Cushion their head, especially if they are banging it on the floor
- Protect the airway by placing them in the Recovery Position if possible. This may not be possible until the stiffening/jerking stage is over. Monitor the airway until conscious
- Talk to them and reassure them as they regain consciousness as they may be confused and restless at this stage
- Contact the Duty Matron as soon as possible on **07909 996159** and the School Nursing Sister on **020 7963 1101**

### **DO NOT**

- Try to restrain them
- Try to move them unless they are in danger e.g. in/by a swimming pool or stairs
- Put anything in their mouth or between their teeth
- Leave them unattended

**An ambulance** should be called in the following situations:

- A first seizure where there is no previous medical history
- Following a head injury
- When the seizure lasts more than 5 minutes
- If you suspect they have sustained an injury during the seizure

It is not necessary to call an ambulance for a known epileptic, unless the seizure lasts more than 5 minutes and cannot be stopped by the usual treatment – such as prescribed rectal diazepam or buccal treatment. A rest following the seizure is usually all that is required. The pupil will need to be supervised until they are fully awake and alert. The patient may be very tired after the seizure.

## MANAGEMENT OF AN ASTHMA ATTACK

Asthma is an inflammatory condition of the lung and airways whose cause is not completely understood.

### Triggers:

- Exposures to allergen (e.g. domestic pets, grass pollen)
- Viral Infections
- Cold Air
- Atmospheric Pollution
- Some medicines (e.g. ibuprofen)
- Irritants (e.g. smoke)
- Exercise

### Recognition:

- Dry tickly cough – particularly at night
- Wheezing as the person breathes out
- Distress and anxiety
- Difficulty in speaking and whispering
- Grey-blue skin

### Treatment:

- Stay calm and reassure the person
- **Do not make the person lie down**
- Help the person in to a comfortable sitting position, leaning forward near an open window if possible. Loosen tight clothing.
- Ensure that the reliever medicine is taken – a reliever inhaler (Salbutamol) **usually blue**, should quickly open up narrowed air passages. Do not use a preventer inhaler.

### Call Medical Help if:

- The reliever has no effect after 5-10 minutes
- The person is either distressed or unable to talk or cannot talk in sentences

Call the School Nursing Sister / Duty Matron, who will administer appropriate further treatment eg spacer or nebulizer therapy and can call an ambulance if the patient does not respond.

**If you have any doubts at all about the person's condition, call for an ambulance immediately**

## **CALLING AN AMBLANCE**

An ambulance should be called in an emergency and this can be called by anyone present at the incident. If the situation is life threatening, there should be no delay calling an ambulance; it is not necessary to wait until the School Nursing Sister or the Duty Matron has arrived at the incident.

An ambulance should always be called in the following situations:

- 1) The patient is having difficulty breathing.
- 2) The patient is unconscious; this could be due to a head injury, caused by an unknown substance, a diabetic coma, from alcohol intoxication, epileptic seizure (fit) or unknown medical cause.
- 3) The patient is exhibiting symptoms of anaphylactic shock, even if the Adrenaline pen has been given. Anaphylaxis symptoms normally occur very quickly after the allergic patient has been in contact with or absorbed in any way (including stings) the allergen. Symptoms include:
  - a) Shortness of breath with difficulty in breathing.
  - b) Alterations to skin colour or rash appearing (hive like in appearance).
  - c) Swelling, including to the lips, eyes, hands, genitals.
  - d) Nausea, stomach cramps, diarrhoea and vomiting
  - e) Itching to the skin and/or to the eyes
  - f) Feelings of extreme anxiety, even of doom
  - g) Low blood pressure leading to loss of consciousness
- 4) A seizure (or fit) that continues for longer than five minutes or that occurs in a person without previous known history of seizures. As soon as you observe the seizure starting, glance at your watch so that you have an approximate time of the length of the seizure.
- 5) An asthmatic patient who is not benefitting from use of inhalers or medication and is having problems breathing. Asthma can lead to death. The patient should be kept as calm as possible in order to prevent further precipitation of the symptoms.
- 6) A patient exhibiting signs of meningitis developing, symptoms include:
  - a) Photophobia (dislike of light)
  - b) Severe headache
  - c) Nausea and vomiting
  - d) Neck stiffness
  - e) Rash (non-blanching – does not disappear if a glass is pressed to it)
  - f) Fever
  - g) Drowsy but also can exhibit symptoms of irritability and confusion
  - h) Cold peripheries (hands and feet)

If in doubt, an ambulance should be called at once; it is far better that the paramedics treat the patient on-site than caution lead to delay in treatment of a patient at risk.

## **ACTION IF THERE IS A SPORTING INCIDENT AT VINCENT SQUARE**

Where possible there should be a designated First Aider or a member of St John Ambulance up fields to ensure care of an injured pupil or member of staff, who will deal with the incident as it occurs. If there is no designated member of staff as a First Aider, a First Aider from the sports activity will care for the injured patient and the Duty Matron should be contacted on **07909 996159**, who in turn should alert the School Nursing Sister on **020 7963 1101**. The Duty Matron's telephone number is widely publicised. Where possible the patient should be brought up health centre in Wren's corridor, where a fuller range of medical facilities are provided.

If the incident at Vincent Square indicates that a neck or back injury has occurred, to avoid further injury the patient should not be moved, the game should be stopped and protection put in place around the patient to avoid contact with others e.g. a circle of other team members. Similarly, if it is obvious that a limb has been broken, movement should be limited as far as possible. A space blanket should be applied, as the patient may be shocked by the accident. If the patient has been knocked unconscious, care must be taken to ensure that the airway is open and patent.

Any pupil who needs to go to hospital must be accompanied by a member of staff. Where possible the Duty Matron or House Matron will be asked for assistance in providing an escort to accompany the pupil if required; however, if the incident requires urgent hospital treatment and an ambulance is called, a member of staff will need to accompany the pupil and the Duty or House Matron will then relieve the member of staff when they arrive at the hospital. Both the pupil's parents/guardian and Housemaster must be informed as soon as possible, this communication should be by the School Nursing Sister or the Duty Matron. If the incident occurs out of school hours, the Master in charge or Housemaster (if available) should inform the parent or guardian.

The protocol for an incident on site should be followed from this point (see above)

The First Aid kits at Vincent Square are as above, but on a larger scale and ice-packs are also available.



### **ACTION IF THERE IS AN INCIDENT OFF-SITE**

Station is conducted at external sites, the Master in charge of the Station is to ensure that the First Aid provision at that site is assured and is understood by the Westminster pupils and the staff taking the Station.

If it is clear that the patient needs hospital treatment, a member of staff should accompany the pupil directly to hospital, notifying the School Nursing Sister on **020 7963 1101** to enable them to organise the duty matron or house matron to meet the pupil at A&E. The pupil should not be brought back to school first of all as this serves only to delay urgent treatment. The School Nursing Sister will contact the parent/guardian and Housemaster to inform them of the event.

On returning to school, the teacher who witnessed the event should complete an incident form on line as soon as possible.

No pupil who has been injured off-site during Station should return home without first being examined further by the School Nursing Sister. ***The surgery closes at 5pm so the Duty Matron may have to undertake this role.***

## **EMERGENCY PROCEDURES ON A SCHOOL TRIP**

### **The Trip Leader will:**

- Take charge of the emergency if able to do so.
- notify the Base Contact as quickly as possible with:
  - the names of the casualties
  - the extent of their injuries as far as is possible
  - The date and time of the incident.
- Contact ACE Insurance in the case of an emergency for advice – details are on the Emergency Instruction Card provided for the trip.
- Ensure a teacher accompanies any injured pupil to hospital. Ideally the teacher should be the same gender as the pupil.
- Ensure that all members of the trip know about the incident.
- Notify the police if necessary.
- Notify the British Embassy/Consulate if abroad.
- Notify the Tour Operator if appropriate.
- Write down accurately and as soon as possible after the incident all the relevant facts and witness details and preserve any vital evidence.
- Keep a written account of all events, times and contacts after the incident.

### **The Base Contact will:**

- notify the Head Master as quickly as possible
- notify the Chairman of Governors if directed by the Head Master
- assist the Trip Leader in contacting parents probably taking on most of this work as directed by the Head Master
- notify the School's Insurers either directly or through the Bursar's Office

### **Travel First Aid Kits**

The contents of travel First Aid kits should be appropriate to the circumstances under which they are likely to be used. In most cases, the items listed below will suffice.

1. one guidance leaflet;
2. six individually wrapped sterile adhesive dressings;
3. one large sterile unmedicated dressing approximately 18cm x 18cm;
4. two triangular bandages;
5. two safety pins;
6. individually wrapped moist cleansing wipes;
7. disposable gloves, these should always be worn when attending to a patient to afford adequate protection from body fluids such as blood, urine or vomit.

Paracetamol, antihistamine and waspeze may be added to travel First Aid boxes; these must always be within a box with an expiry date and instructions added. The Matron in charge of organising the First Aid boxes will ensure that the accompanying member of staff is instructed on when and how these should be dispensed. Pupils should not bring medication with them on trips unless prescribed for them and written instructions for these should be given to the Master in charge of the trip. Any prescribed medication should only be taken by the person that it is prescribed for and in the case of Ritalin or Concerta, this must be kept by the Master in charge of the trip and dispensed at the time required after having had training with the School Nursing Sister. Controlled medications will be counted out with the School Nursing Sister and a specific form will be given to the Master in charge of the trip.

## **PROTOCOL FOR THE MANAGEMENT OF BODILY FLUIDS**

All body fluid spillages should be cleaned up quickly to avoid and lower the risk of cross contamination and infection. All items required for coping with spillages should be readily available. A spillage kit is available up surgery for treatment of blood or blood stained body fluid. If there is a delay in cleansing of the soiled area, the spillage must be cordoned off for safety.

### **Spillage of low-risk body fluids eg urine, vomit onto any flooring and blood spillage onto carpet:**

- 1) Wear gloves and apron for protection.
- 2) Using paper towels absorb as much of the spillage as possible.
- 3) Clean area thoroughly using hot water, detergent and disposable cloths, rinse and dry.
- 4) **Impervious flooring:** Wipe over area with chlorine solution and paper towels.
- 5) Clean the bucket with fresh water & detergent, rinse and dry.
- 6) Dispose of cleaning & protective materials in clinical waste bin.
- 7) **Carpet:** Arrange for steam cleaning if possible.

### **Spillage of blood and bloodstained body fluid on impervious flooring**

- 1) Wear gloves and apron for protection.
- 2) Cover spillage with chlorine releasing granules eg Presept
- 3) Leave for 2 minutes, (prepare bucket with hot water & detergent).
- 4) Scoop up spillages with paper towels and discard as clinical waste.
- 5) Clean area thoroughly using hot water, detergent and disposable cloths, rinse and dry
- 6) Clean bucket in fresh water with detergent, rinse and dry.
- 7) Dispose of cleaning and protective clothes into the clinical waste bin.

**NB If a spill contains glass or other sharps, these should be picked with forceps and disposed of carefully into a sharps bin.**

## **RIDDOR**

The Headmaster and the Bursar are the only personnel allowed to authorise a report under RIDDOR. Incidents reportable under RIDDOR are as follows:

- 1) Death and major injuries
- 2) Disease
- 3) 'Over three day' injuries
- 4) Dangerous occurrences (near misses)
- 5) Gas incidents
- 6) Reportable gas incidents