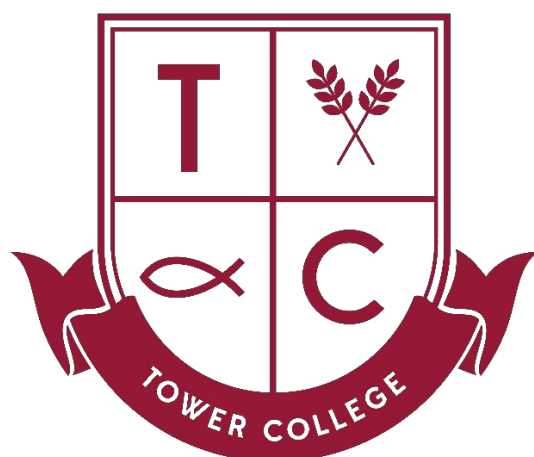


FIRST AID POLICY



WHOLE SCHOOL POLICY INCLUDING EYFS

Date of Policy: June 2021

Review Date*: June 2021

Coordinator (s): Mr Wells, Mrs Wright Mrs Grocutt & Miss Nugent

Governor: Mrs C Parr

*** Policy Review: Annually unless otherwise dictated by the Full Governing Body or by changes in legislation.**

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1 - Introduction and Aims

Introduction

We believe this policy relates to the following legislation:

- Occupiers' Liability Acts 1957 and 1984
- Health and Safety at Work, etc Act 1974
- Workplace (Health Safety and Welfare) Regulations 1992
- Education (School Premises) Regulations 1999
- Management of Health and Safety at Work Regulations 1999
- Education Act 2002
- Health and Safety (Miscellaneous Amendments) Regulations 2002
- School Premises (England) Regulations 2012
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

We have a duty of care under The Health and Safety (First Aid) Regulations 1981 to promote the health, safety and welfare of all pupils, school personnel and school visitors by providing adequate first aid equipment and school personnel qualified in first aid.

We will ensure that under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) that all accidents resulting in death, major injury or the prevention of the injured person undertaking their normal work for more than three days will be reported to the Health and Safety Executive (HSE).

We will ensure that first aid provision is up to date and available at all times in school and for all off-site educational visits and sporting events. Pupils and school personnel with specific health needs and disabilities will be given specific consideration.

We believe it is essential that this policy clearly identifies and outlines the roles and responsibilities of all those involved in the procedures and arrangements that is connected with this policy.

Aims

- To provide adequate first aid provision and medical care for pupils and school personnel.
- To ensure first aid provision is available at all times while people are on school premises, and also off the premises when on school visits.
- To have in place qualified first aid personnel who are aware of hygiene and infection control procedures.
- To have in place adequate first aid equipment.
- To have in place excellent lines of communication between staff particularly with regards to pupils with specific needs.
- To have in place excellent lines of communication with the emergency services and other external agencies.

2 - Responsibility for the Policy and Procedure

Role of the Coordinators

The Co-ordinators will:

- lead the development of this policy throughout the school;
- ensure the relevant staff are trained in first aid arrangements and hold valid certificates of competence.
- ensure all staff receive refresher training when required.
- organize and maintain the medical room.
- ensure that there are adequate stocks of first aid equipment.
- position and maintain first aid containers at appropriate locations around the school.
- undertake risk assessments when required.
- ensure all accidents and injuries are recorded and reported.
- ensure that pupils and school personnel with specific health needs and disabilities are given specific consideration.
- ensure the appropriate medical resources (asthma inhalers, insulin, EpiPens) are available for those pupils with specific health needs at all times.
- ensure first aid kits are taken on educational visits or off-site sporting activities.
- ensure there is a designated medical room that is kept well stocked and free from clutter.
- ensure staff follow basic hygiene procedures and have access to disposable gloves and hand washing facilities.
- inform parents (via office) of any accident especially head injuries and of any first aid administered.
- ensure first aid notices are displayed in the appropriate places.
- provide guidance and support to all staff.
- keep up to date with new developments and resources.
- review and monitor and report annually to the governors.
- ensure staff are aware of the specific health needs and disabilities to determine the level of provision:
 - 1) at breaktimes and lunch times
 - 2) when school personnel are absent
 - 3) for all educational visits and sporting activities
 - 4) for curriculum activities

The co-ordinators will take responsibility for monitoring the number of accidents and near misses and will report termly to the Principal.

Role of School Personnel

All school personnel must:

- be aware of first aid arrangements;
- Personal staff medication **must never** be obtainable by pupils. Should staff bring medication into school, it must be kept in a locked drawer, locked filing cabinet or locked cupboard. The key must not be left in a nearby unlocked drawer or cupboard; it must remain with the person until the medication is removed. In EYFS, Bluebird, personal staff medication must be kept in the store cupboard which must remain locked and the key must remain with the staff member. In EYFS, Reception, personal staff medication must be kept in the cupboard in the staff room.
- take annual online first aid courses;
- be suitably trained in identifying pupils with expected medical problems;
- report any concerns they have on the medical welfare of any pupil;
- undertake training in first aid and administration of emergency medicine;
- report and record all accidents and first aid treatment administered;
- implement the school's equalities policy and schemes;
- report and deal with all incidents of discrimination;
- report any concerns they have on any aspect of the school community.

It is Tower College policy that all EYFS staff hold the Level 3 Paediatric First Aid Qualification which is renewed every 3 years. A current paediatric First Aider **MUST** be on the premises and available at all times when EYFS children are present and **MUST** accompany EYFS children on outings and visits.

3 - Raising Awareness and Training

We will raise awareness of this policy via:

- the school website;
- the Staff Handbook;
- meetings with parents such as introductory, transition, parent-teacher consultations meetings with school personnel;
- communications with home such as newsletters and of end of half term newsletters;
- reports such annual report to parents and Principal reports to the Governing Body;
- information displays.

Training

All school personnel:

- have equal chances of training, career development and promotion;
- receive training related to this policy on induction which specifically covers:
 1. basic first aid
 2. medical care
 3. dealing with emergencies
- receive periodic training so that they are kept up to date with new information;
- receive equal opportunities training on induction;
- should be aware of who the designated first aiders are in each department.

4 - Procedure in case of accident or injury

If you witness an accident, send for a First Aider. Any pupil, visitor or staff member sustaining an injury whilst at School should be seen by a First Aider who will provide immediate first aid and summon additional help as needed. Do not leave any injured person unattended. In all cases of serious injury (or death), whether in the UK or abroad, the Principal must be informed. The Principal will ensure that the First Aider then is instructed on reporting arrangements to the authorities, whether that be through RIDDOR, the Child Protection Agency, ISI, ISA and/or other agencies.

- The First Aider will organise an injured person's transfer to hospital in the case of an emergency.
- Parents/Emergency contacts should be informed as necessary by telephone.
- A written record will be kept of all accidents and injuries using the 'Pupil or Staff Accident Form'.

Contacting parents

Parents/Emergency contacts should be informed by telephone as soon as possible after an emergency or following a serious/significant injury including:

- Head Injury (See Appendices 1a-1d);
- Suspected spinal injury;
- Suspected sprain or fracture;
- Dental injury;
- Anaphylaxis and following administration of an EpiPen;
- Epileptic seizure;
- Severe hypoglycaemia / hyperglycaemia;
- Severe asthma attack;
- Difficulty breathing;
- Bleeding injury;
- Loss of consciousness;
- Any other condition which renders a pupil/person unable to return to class/work

Parents will be informed by the Office (on instruction of the First Aider) of all accidents / injuries that require ongoing care or management and where any medication has been given. Pupils are encouraged to inform parents if they have required first aid during the day if their injuries are minor and they have been able to continue with the school day. Parents are called at the First Aider's discretion.

Parents of Pre-Prep and Lower School pupils can be informed of smaller incidents during the day by the Office on the instruction of a member of staff. Middle and Upper School pupils should be encouraged to inform their parents at the end of the school day.

Informing Staff

The member of the office staff who oversees the collection of the injured / sick pupil must email the relevant staff members especially the Fire Safety Manager, the Principal and Vice-Principal.

Contacting the Emergency Services

An ambulance should be called for any condition listed above or for any injury that requires emergency treatment. Any pupil taken to hospital by ambulance must be accompanied by a member of staff until a parent arrives. All cases of a person becoming unconscious (not including a faint) or following the administration of an EpiPen, must be taken to hospital.

If in doubt, call an ambulance!

5 - Accident Reporting and Pupils Unwell in School

Accident reporting

The 'online accident form' must be completed for any person sustaining accident or injury occurring on the school premises. For off-site activities, school trips etc. a hard copy of this form must be taken in case the online form is unable to be accessed. The hard copy of this form is kept in the main school staffroom and office. All completed forms must be returned to the office as soon as possible as certain injuries require additional reporting to RIDDOR.

The accident form **must always** be completed by the first responder. The First Aider should complete a separate submission after discussion with the first responder.

Pupils unwell in school

Any pupil unwell in school should be sent to the appropriate head of department. The pupil should be accompanied if teaching staff have any concerns. It is the responsibility of the Head of Department to ensure that parents are contacted.

Any pupil not well enough to attend lessons should be collected as soon as possible by a parent. In certain cases, pupils can travel home independently after consent has been given by a parent. Any pupil leaving School must sign out at Reception.

Unwell pupils in Upper and Middle School see either Mr Wells or Ms Bingley not the First Aider. Mrs Wight or Miss Nugent makes decision about unwell pupils in the Pre-Prep and Lower Schools. Decisions to send pupils home rests with these named people.

6 - First Aid equipment and materials

We provide a medical room which contains: a medical couch, sink, drinking water, cups, disposable gloves, paper towels, fridge, eyewash facility, storage for extra first aid supplies and a wheelchair. Washing and toilet facilities are also nearby. Eyewash facilities are also available in the science labs.

The Vice-Principal is responsible for stocking and checking the first aid equipment in the medical room and main School Office. Mobile first aid kits are available from the link building and staff room for School trips. Kits for injuries to visitors are kept in the School Office. Teaching/ department staff are responsible for notifying the Vice-Principal if other first aid kits have been utilised so that restocking can be efficient.

First Aid Box / Bag Contents

A first aid guidance leaflet
40 adhesive hypoallergenic plasters (blue for kitchen staff)
2 triangular bandages
6 safety pins
20 cleaning wipes
Adhesive tape
2 sterile eye pads
1 large sized unmedicated dressings
4 medium sized unmedicated dressings
6 pairs disposable gloves
1 Resuscitation face shield
2 finger dressings
Foil blanket
Burn dressing
Scissors
Conforming bandage

First Aid Box / Bag Locations

Medical Room
Main Office (also Defibrillator)
Staffroom
Lower School Foyer
Mrs Miles Year 4 Classroom
Pre-Prep Entrance Hall
Kitchen (burns kit also)
Chemistry Laboratory (burns kit also)
Physics Laboratory (burns kit also)
Biology Laboratory (burns kit also)
All Pre-Prep classrooms have a First Aid Box
PE Department has a portable First Aid Box

7 - First Aid for Educational Visits

The trip organiser must ensure an appropriate level of first aid cover is provided following a risk assessment as detailed in the *Educational Visits Policy*.

First aid kits for Educational Visits are situated in the Lower School Foyer and staff room. The kit must be returned immediately on return and the Vice-Principal notified of any items used so they can be replenished. Any accidents/injuries must be reported to parents and documented in the accident book as soon as possible and RIDDOR guidelines adhered to.

8 - Pupils using crutches or with limited mobility

Parents should inform School of the nature of injury and anticipated duration of immobility. Information about the pupil and his/her limitations should be communicated by email to all relevant staff immediately and updates given at the weekly staff meeting. The Form Teacher should arrange for a 'buddy' to carry books, open doors etc.

When a pupil is on crutches, we will endeavour to meet their needs by:

- allowing the pupil and their buddy to leave lessons 5 minutes early to avoid pupil congestion in buildings;
- allowing the use of the lifts to upper floors;
- moving pupils to an accessible seat in classrooms;
- allowing pupils to go into lunch early and before others arrive;
- allowing the use of the medical room at breaks and lunch times rather than attempting to go to the playground or field;
- organising home time collection from the front door;

Pupils on crutches should not allow other pupils to 'play' on their crutches. Equally other pupils should be discouraged from asking to do so.

An individual plan will be made for pupils using crutches.

9 - Communication regarding pupils with significant medical conditions

Staff are made aware of all pupils with any significant medical condition in the first instance by staff email detailing condition and relevant treatment. All staff will be alerted via the online system (Basecamp) which will detail all the required medical arrangements. The system allows for easy updating so that any changes can be instantly affected.

Medical action plans are kept on the wall in the staffroom and dining hall for all pupils with a serious medical condition.

10 - Pupils with medical conditions

Pupils who have serious allergies requiring injectors must always carry two EpiPens around School and supply the School Office with a spare which must be named and in date. All personal medication will be kept in the Medical Room. These are prescription only for that specific child and should not be used by any other pupil.

Pupils who use an inhaler for asthma and other related breathing conditions must always carry their inhaler with them and supply a spare named inhaler for the School Office, to be kept in the Medical Room. Pupils must have their inhaler with them for PE and Swimming.

Pre-Prep and Lower School pupils' inhalers/spacers are kept in the classroom locker with the teacher.

Pupils with life threatening allergies and asthma must always show their medication to their teacher before leaving school for sport, and before leaving on a school trip. It is the teacher's responsibility to ensure the pupil has their emergency medication.

Pupils with life threatening allergies and asthma who do not supply the appropriate medication to School will be asked to go home or parents must bring in their medication immediately.

11 - Dealing with body fluids

In order to protect ourselves from disease all body fluids should be treated as infectious. To prevent contact with body fluids the following guidelines should be followed:

- Disposable gloves, available in the medical room, should always be worn where exposure to body fluids is likely. Wash hands thoroughly with soap and warm water after contact. Dry thoroughly;
- Keep all abrasions covered with a plaster;
- Clean up spills of blood, faeces, nasal and eye discharges, saliva and vomit immediately;
- Disposable towels should be used to soak up the excess, then a disinfectant solution used to clean the area. **Never use a mop for cleaning up blood and body fluid spillages;**
- Once cleaned up the debris should be disposed of in a yellow sack from the Medical Room cupboard. This rubbish needs to be disposed of in the clinical waste bin in the Medical Room. This waste bin is emptied routinely by Cathedral Hygiene;
- If body fluids do come into contact with eyes, nose, mouth, skin or any open sores, wash the area well with soap and water or in the case of open sores irrigate well with saline and cover.

12 - Medication in School

Parents are requested to arrange medication administration outside of the school day. However, parents are welcome to come to school at agreed times to administer medicine to their children.

Pupils are not allowed to have any prescribed medication (liquid, tablet or otherwise) in their possession at school.

Pupils with potentially life-threatening conditions such as asthma, allergies, diabetes and epilepsy etc will continue to carry their inhaler, EpiPen, injector and medication as usual. In life-threatening situations, trained staff will deliver this medication to pupils in need.

Any teacher who has attended training may administer an EpiPen if required.

13 - Allergic Reactions Management

Teaching staff will be made aware of any child with life threatening allergies by email at or before the beginning of term. Pupils will have a medical action plan which will be displayed in the school dining hall and on the staff room notice board

Signs and symptoms of mild allergic reaction

- Rash
- Flushing of skin
- Itching or irritation

Treatment

Remove allergen if possible eg rinse skin, wash out mouth etc
Administer prescribed antihistamine following procedure above
Observe victim closely for at least 30 minutes.

14 - Anaphylaxis Management

Rapid signs and symptoms of severe allergic reaction

Anaphylaxis is a rapid developing condition resulting in sudden collapse of the casualty within seconds/minutes:

- Swollen lips, tongue, throat or face
- Nettle type rash
- Difficulty swallowing and/or feeling of lump in the throat - child may say that their throat feels itchy or scratchy
- Abdominal cramps, nausea and vomiting
- Generalised flushing of the skin
- Difficulty breathing, may be very noisy
- Difficulty speaking
- Sudden feeling of weakness caused by fall in blood pressure
- Collapse and unconsciousness

If anaphylaxis is suspected prompt action is required as follows:

- Remove antigen if possible
- Confirm identity of casualty
- Reassure casualty
- Call 999 for the ambulance quoting "Anaphylaxis"
- Call the casualty's parents/next of kin
- Remove Epipen from protective case and remove safety cap at top
- Holding Epipen in a fist like grip push firmly at right angles to outer thigh until auto injector mechanism functions (It will click). Hold the button of the injector in for 10 seconds (count slowly) allowing the injector to administer contents of syringe
- Remove Epipen from thigh and massage area
- Note time given
- If casualty has collapsed but is still breathing lay them on their side in the 'recovery position'
- Monitor breathing (and pulse if trained to do so) Perform CPR if casualty's heart stops
- Do not leave casualty
- An additional dose of Epipen may be required if no improvement after 5 minutes or if the casualty worsens
- Provide Paramedics with full history of casualty and incident

Epipens are not a substitute for medical attention. If an anaphylactic reaction occurs and an Epipen is administered the casualty must be taken to hospital. A yearly staff training update is carried out by the First Aider and/or the Vice-Principal. The First Aider is always available to update any member of staff on the use of an Epipen.

15 - Asthma Management

Teaching staff will be made aware of any child with severe asthma by email at or before the beginning of term by the Vice-Principal.

We recognise that asthma is a serious condition which can be life threatening. We ensure that all pupils with asthma can and do fully participate safely in all aspects of school life including out of school activities.

Triggers for asthma may include: change in weather conditions, animal fur, viral or chest infection, exercise, pollen, chemicals, air pollutants, emotional situations and excitement.

People with asthma need immediate access to their reliever inhaler (usually blue). Younger pupils may need help/encouragement to administer their inhaler. It is the parent's responsibility to ensure that School is provided with a named, in date reliever inhaler which is always accessible to the pupil. All pupils should carry their own inhalers except Pre-Pre and Lower School pupils whose inhalers are kept in the classroom locker with the class teacher. A named spare inhaler as above must also be provided by the parent for keeping in the Medical Room in case the pupil should forget or lose theirs.

Middle and Upper School pupils are encouraged to be responsible for their reliever inhaler which is to be brought to School and kept on them at all times. It is the pupil's responsibility to take their inhaler on any out of school activities.

Recognising an asthma attack

- casualty unable to continue an activity or have difficulty with it
- difficulty breathing
- chest may feel tight
- possible wheeze
- difficulty speaking
- increased anxiety
- coughing, sometimes persistent

Action

- Ensure prescribed reliever is taken promptly
- Reassure casualty
- Encourage casualty to adopt a position which is best for them (usually sitting upright)
- **Wait 5 minutes** if symptoms disappear pupil may resume activity.
- If symptoms have improved but not disappeared, inform parents/next of kin and give another dose of the inhaler. Call First Aider for help
- Loosen tight clothing
- If there is no improvement in another 5-10 minutes allow casualty to take another dose of their inhaler every minute for five minutes or until symptoms improve.
- Ask the Office to call an ambulance or if at the sports ground, the teacher in charge should call an ambulance if the First Aider is not present.
- Accompany the casualty to hospital and await the arrival of a parent/next of kin.

16 - Diabetes Management

Pupils with diabetes will have an action plan, displayed in the dining hall and on the staff room noticeboard

Signs and symptoms of LOW blood sugar level (hypoglycaemia)

Onset can be quite quick and may be due to a missed/late meal, missing snacks, infection, more exercise, warm weather, too much insulin and stress. Individuals should test their own blood sugar levels if testing equipment available. Symptoms include:

- pale, glazed eyes / blurred vision / dizzy - leading to unconsciousness
- confusion / incoherent / shaking / headache
- change in normal behaviour-weepy/aggressive/quiet
- agitated/drowsy/anxious
- tingling lips / sweating / hunger

Action

- Give fast acting glucose (Lucozade drink or glucose tablets) - the casualty should have their own emergency supply in the Office and in their school bag. Most individuals carry glucose tablets in their pocket. This will raise the blood sugar level quickly
- Call First Aider
- After 5 - 10 minutes follow this up with 2 biscuits, a sandwich or a glass of fruit juice. Do not leave the casualty unaccompanied at any time
- Allow access to regular snacks and check blood sugar level again and as necessary
- Inform parents as soon as possible and consult for further guidance and advice

Action to be taken if the pupil becomes unconscious.

- Place casualty in recovery position and call First Aider
- Do not attempt to give glucose by mouth as this may cause choking
- Telephone 999
- Inform parents/next of kin as soon as possible
- Accompany casualty to hospital and await arrival of parent

Signs and symptoms of HIGH blood sugar level (hyperglycaemia)

This develops much more slowly over time but can be much more serious if untreated. Caused by too little insulin, eating more carbohydrate, infection, stress and less exercise than normal. Individuals should test their own blood sugar levels if testing equipment available. Symptoms may include:

- feeling tired and weak/ drowsy / feeling thirsty
- passing urine more often
- nausea and vomiting
- breath smelling of acetone
- blurred vision
- unconsciousness

Action

- inform First Aider at once
- arrange for blood glucose testing if possible
- inform parents/next of kin as soon as possible
- call 999 and accompany casualty, await arrival of parents/next of kin

17 – Epilepsy Management

Pupils with epilepsy will have an action plan, displayed in the dining hall and staff room.

How to recognise a seizure

There are several types of epilepsy but seizures are usually recognisable by the following symptoms:

- casualty may appear confused and fall to the ground
- slow noisy breathing
- possible blue colouring around the mouth, returning to normal as breathing returns to normal
- rigid muscle spasms
- twitching of one or more limbs and/or face
- possible incontinence

Action

- try to help casualty to floor if possible but do not put yourself at risk of injury
- move furniture etc away from casualty in order to prevent further injury
- place a cushion or something soft under the casualty's head
- clear the area of pupils
- call First Aider
- cover casualty with a blanket as soon as possible in order to hide any incontinence
- stay with casualty throughout duration of the seizure
- as the seizure subsides place casualty into recovery position
- inform parents as soon as possible
- send for ambulance if this is the casualty's first seizure or, if a casualty known to have epilepsy has a seizure lasting for more than 5 minutes, or if an injury occurs as a result of the seizure. Casualty must be accompanied until parent/next of kin arrives
- casualty to rest for as long as necessary
- reassure other pupils and staff

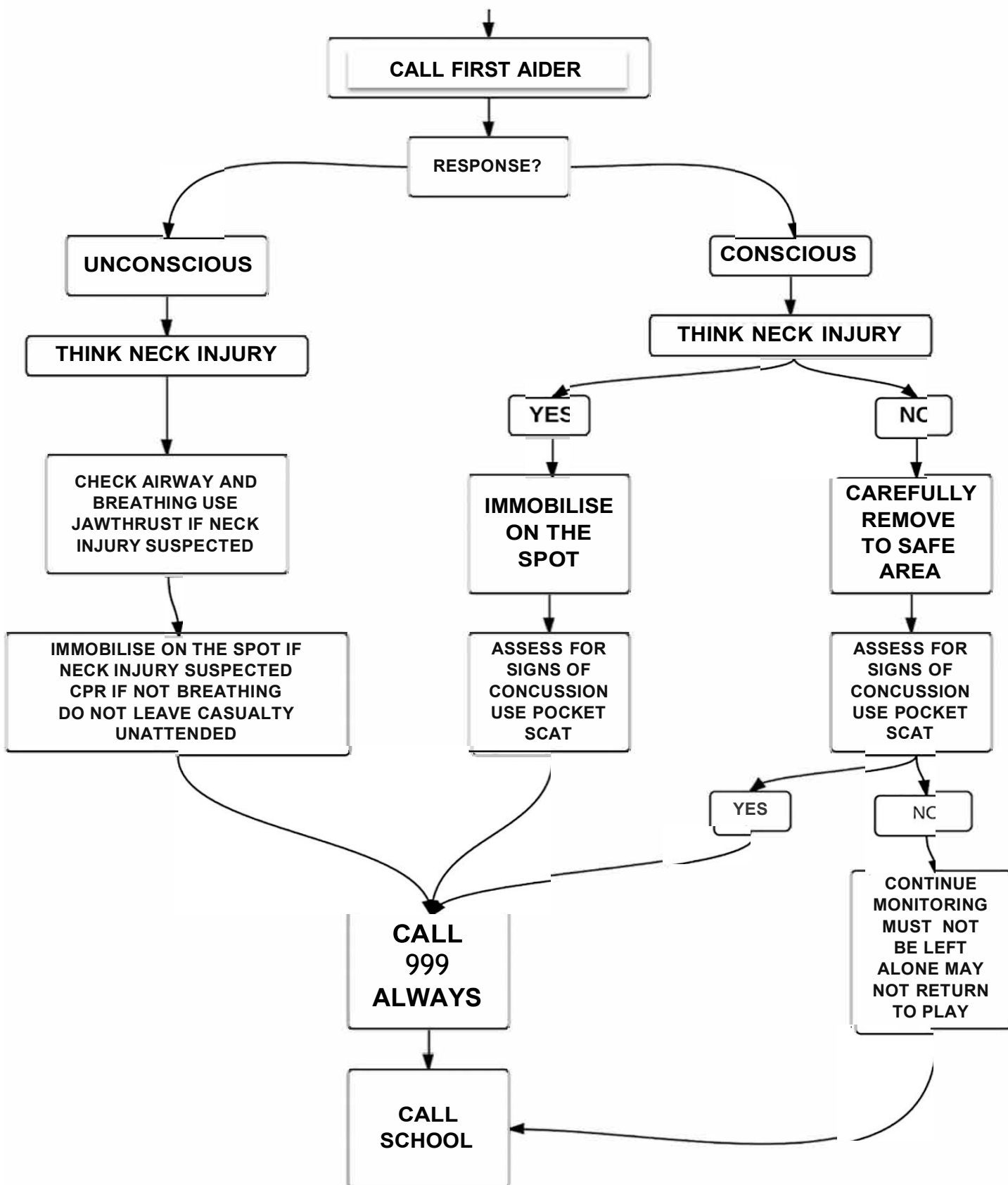
18 - Monitoring the Effectiveness of the Policy

The practical application of this policy will be reviewed annually or when the need arises by the coordinator, the Principal and the nominated governor.

19 – APPENDICES

- 1a Head Injury: Flow Chart
- 1b Head Injury: Diagram of Head
- 1c Head Injury: School Role
- 1d Head Injury: Pocket Concussion Recognition
- 2 Contacting Emergency Services
- 3a Conditions: Anaphylactic Shock
- 3b Conditions: Asthma Attack
- 3c Conditions: Choking
- 3d Conditions: Food Poisoning
- 3e Conditions: Nose Bleed
- 3f Conditions: Panic Attack
- 3g Conditions: Shock
- 4 Locations of First Aid Box (Site Maps)

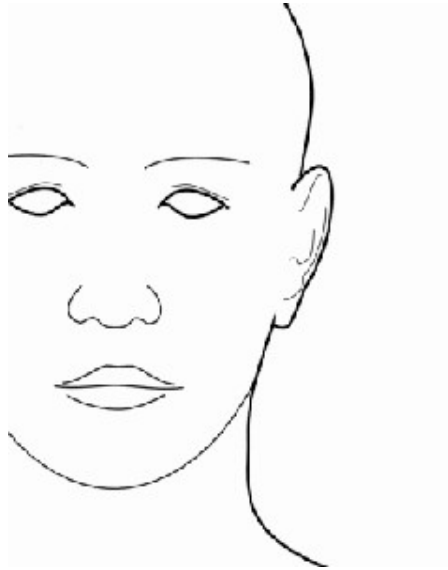
HEAD INJURY



A HEAD INJURY CHART MUST ALWAYS BE COMPLETED AT THE SCENE.

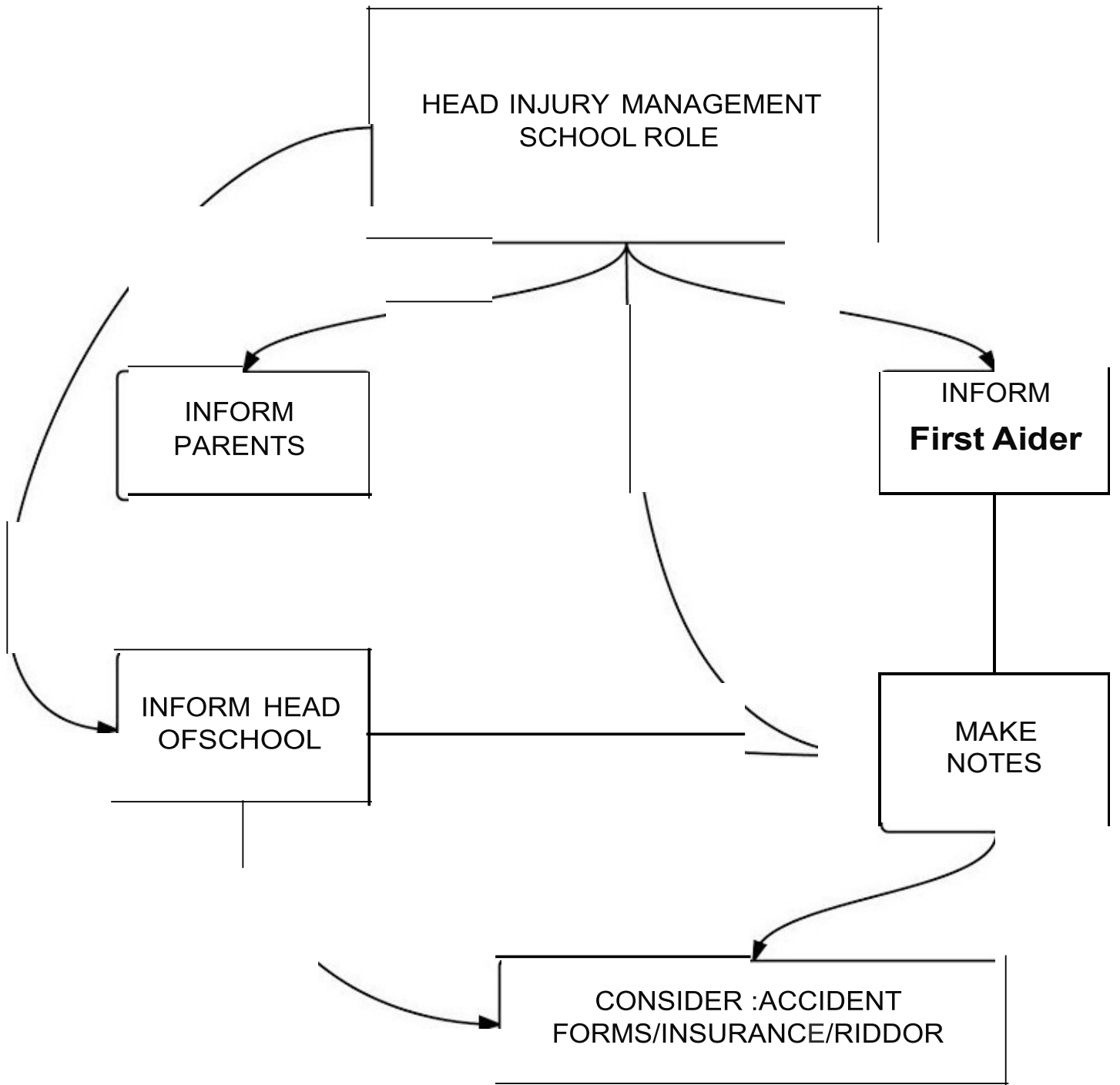
ALL HEAD INJURIES THAT RETURN TO SCHOOL MUST BE HANDED OVER FORMALLY TO A FIRST AIDER. A HEAD INJURY INSTRUCTION LEAFLET AND DETAILS OF THE INJURY MUST ALWAYS BE GIVEN TO PARENTS BEFORE TAKING A PUPIL HOME

IF IN DOUBT, ALWAYS CALL AN AMBULANCE



■





Pocket CONCUSSION RECOGNITION TOOL™

To help identify concussion in children, youth and adults



RECOGNIZE & REMOVE

Concussion should be suspected **if one or more** of the following visible clues, signs, symptoms or errors in memory questions are present.

1. Visible clues of suspected concussion

Any one or more of the following visual clues can indicate a possible concussion:

- Loss of consciousness or responsiveness
- Lying motionless on ground / Slow to get up
- Unsteady on feet / Balance problems or falling over / Incoordination
- Grabbing / Clutching of head
- Dazed, blank or vacant look
- Confused / Not aware of plays or events

2. Signs and symptoms of suspected concussion

Presence of any one or more of the following signs & symptoms may suggest a concussion:

- | | |
|--------------------------|----------------------------|
| - Loss of consciousness | - Headache |
| - Seizure or convulsion | - Dizziness |
| - Balance problems | - Confusion |
| - Nausea or vomiting | - Feeling slowed down |
| - Drowsiness | - "Pressure in head" |
| - More emotional | - Blurred vision |
| - Irritability | - Sensitivity to light |
| - Sadness | - Amnesia |
| - Fatigue or low energy | - Feeling like "in a fog" |
| - Nervous or anxious | - Neck Pain |
| - "Don't feel right" | - Sensitivity to noise |
| - Difficulty remembering | - Difficulty concentrating |

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3. Memory function

Failure to answer any of these questions correctly may suggest a concussion.

- "What venue are we at today?"
- "Which half is it now?"
- "Who scored last in this game?"
- "What team did you play last week / game?"
- "Did your team win the last game?"

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

RED FLAGS

If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

- | | |
|--|---------------------------------|
| - Athlete complains of neck pain | - Deteriorating conscious state |
| - Increasing confusion or irritability | - Severe or increasing headache |
| - Repeated vomiting | - Unusual behaviour change |
| - Seizure or convulsion | - Double vision |
| - Weakness or tingling / burning in arms or legs | |

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to do so
- Do not remove helmet (if present) unless trained to do so.

from McCrory et. al, Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013

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First Aid: Appendix 2

Contacting Emergency Services

1. Request an ambulance - **dial 999**, ask for an ambulance and be ready with the information below.
2. Speak clearly and slowly and be ready to repeat information if asked.
3. Your telephone number: **0151 426 4333**
4. Your name:
5. Your location as follows: **Tower College, Mill Lane, Rainhill, Merseyside L35 6NE**
6. The exact location of the patient within the school.
7. The name of the child and a brief description of their symptoms.
8. The best entrance to use and state that the crew will be met and taken to the patient.

Each office staff member should have a copy of these instructions next to their phone for reference.

Anaphylactic Shock

Anaphylaxis is an extreme allergic reaction to certain foods, insect stings or drugs, which results in rapid chemical changes in the body.

- It can be fatal and must be taken extremely seriously.
- It requires medical attention because it can cause a dramatic drop in oxygen supply to the heart, brain and lungs of the casualty.

Symptoms

- Dilated blood vessels producing red, blotchy skin.
- Constricted air passages resulting in breathing difficulties.
- Swollen face and neck.
- Wheezing and gasping for air.

First Aid Aims

- Get emergency help
- Provide resuscitation if necessary.

Actions

- Call 999 and give any details you have of the cause of reaction.
- Help the casualty to sit in a position that helps them breathe.
- Loosen any tight clothing.
- Check to see if the casualty is carrying any medication and encourage them to use it.

If the casualty loses consciousness:

- Call 999.
- Lay them down.
- Open their airway.
- Prepare to start resuscitation.
- Place them in recovery position.

Asthma Attack

Asthma is caused by a swelling of the airway linings. This causes the airways to narrow, causing breathing difficulties.

These attacks can be triggered in many ways and can range from mild to very severe.

Symptoms

- Severe difficulty in breathing
- Wheezing
- Dry cough
- Distress and anxiety
- Exhaustion from effort of breathing
- Grey-blue skin

First Aid Aims

- Ease the casualty's breathing.
- Get emergency help if needed.

Actions

- If this is the first attack the casualty has suffered, reassure them and help them to relax.
- If casualty has asthma medication, help them to take it.
- If this is their first attack or the inhaler has no effect after five minutes, seek medical advice.
- If the attack is severe, or the casualty does not respond to medication, call 999

Food Poisoning

Badly prepared or incorrectly stored food produces bacteria and toxins. These cause inflammation of the gut.

Also, alcohol and drugs can function as poisons in certain circumstances.

Casualties with food poisoning normally need rest and plenty of fluids to rehydrate them.

Symptoms

- Abdominal cramps
- Nausea and vomiting
- Diarrhoea
- Dehydration
- Chills and fever

First Aid Aims

- Encourage the casualty to take plenty of fluids.
- Seek medical advice if necessary.

Actions

- Encourage the casualty to consume plenty of fluids in order to rehydrate them.
- Encourage the casualty to take rest.
- Seek medical advice if necessary.
- Observe to see if the condition worsens or if there are symptoms of shock.
- If the casualty's condition worsens, call 999.

Nosebleed

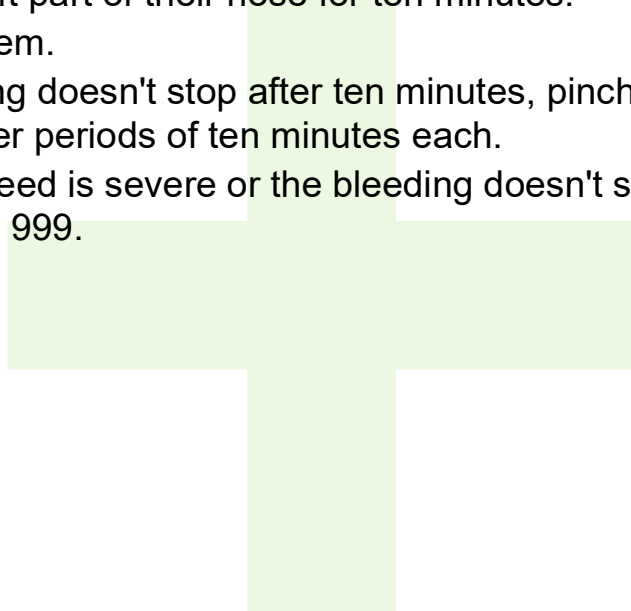
Usually, nosebleeds are not very serious and can be treated by a first aider.

Causes

- Sneezing and blowing one's nose
- Infection
- High blood pressure
- Head injury

Actions

- Make the casualty sit down, leaning slightly forward.
- Ask them to breathe through their mouth.
- Pinch the soft part of their nose for ten minutes.
- Reassure them.
- If the bleeding doesn't stop after ten minutes, pinch the nostrils again for two further periods of ten minutes each.
- If the nosebleed is severe or the bleeding doesn't stop after 30 minutes, call 999.



Panic Attack

A panic attack is a sudden rush of overwhelming fear that often occurs without warning or any obvious reason.

It can be very distressing for the person experiencing it and difficult to respond to.

However it isn't harmful.

Symptoms

- Palpitations
- Nervous behaviour
- Difficulty swallowing or breathing
- Trembling

First Aid Aims

- Calm the casualty.
- Encourage them to regain control and seek medical advice.

Actions

- Take casualty to a quiet place.
- Be reassuring but firm.
- Remain with casualty until panic attack is over.
- Advise casualty to see their GP.

Shock

A shock results from a dramatic drop in blood pressure or an anaphylactic shock.

It can follow massive loss of blood or fluids if case of prolonged vomiting.

Symptoms

- Pale, cold skin that is grey-blue in colour
- Sweating
- Nausea
- Thirst
- Restlessness
- Yawning
- Gradual loss of consciousness

First Aid Aims

- Recognise and treat the symptoms.
- Improve circulation.
- Arrange for casualty to attend hospital.

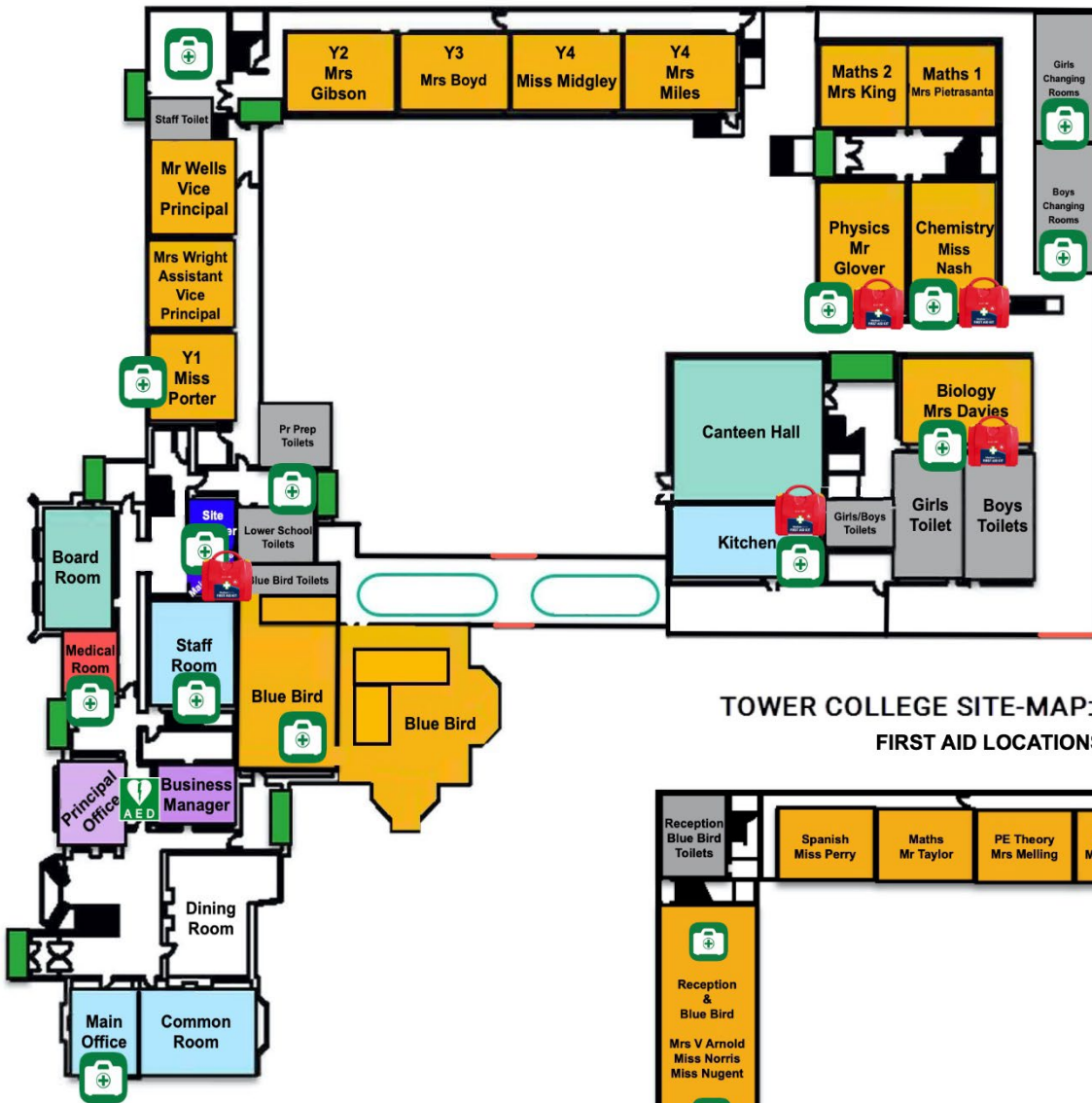
Actions

- Treat obvious injuries, if any.
- Reassure the casualty.
- Lay them down with their legs raised.
- Loosen any tight clothing to encourage circulation.
- Call 999.
- Warm the casualty with blankets, if possible.
- Monitor their breathing and level of response.
- Prepare to offer them resuscitation if necessary.

LOCATIONS OF FIRST AID BOXES

- Medical Room
- Main Office (defibrillator here too)
- Staffroom
- Lower School Foyer
- PP Entrance Hall
- Dining Hall Kitchen (+burns)
- Chemistry Lab (+burns)
- Physics Lab (+burns)
- Biology Lab (+burns)
- All Pre-Prep classrooms
- Y4 Classroom - JM
- Boys' Changing Room
- Girls' Changing Room
- Geography Room
- Jubilee Hall
- Music Room
- Site Manager's Office

TOWER COLLEGE SITE-MAP: GROUND FLOOR
FIRST AID LOCATIONS



TOWER COLLEGE SITE-MAP: FIRST FLOOR
FIRST AID LOCATIONS



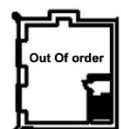
Defibrillator



First Aid Kit



Burns First Aid Kit



2ND FLOOR 3RD FLOOR