



First Aid Policy

This policy also applies to EYFS and Boarding

Introduction

The Health and Safety (First Aid) Regulations 1981 require that all employers make adequate provision for first-aid in respect of employees. In line with the recommendations of the Health & Safety Executive, the boys at the School, volunteers, parents and other members of the public visiting the site are non-employees who are also covered by this policy, although this is not a legal obligation.

The School recognises the legal duty to make sufficient provision for first aid to employees, including those travelling or working away from the School premises. We will assess risks to employees and make appropriate first aid arrangements to deal with the risks. We will reassess the first aid provisions regularly, or whenever there is a relevant change in the workforce or the hazards to which they are exposed. When there have been significant changes, we will revise our arrangements accordingly.

In addition, we will ensure that contractors on the premises either have sufficient first aid provision, or if their work involves no special risk, the contract may include their use of our facilities, by agreement.

In accordance with the Education (School Premises) Regulations 1996, the Matrons' office in the main building and the sick-bay in the Pre-Prep are nominated first aid rooms. In the Prep School, help is provided day and night during term-time and when boarders are on site and boys who become ill can also be looked after in the boarders' common room. At the Pre-Prep, help is provided during the day and boys who become ill can be looked after in the sick-bay. Detailed records are kept of illnesses, accidents, and injuries, together with an account of any first aid treatment, non-prescription medication or treatment given to a boy. More detailed information on the arrangements for boys with particular medical conditions (e.g.: asthma, epilepsy or diabetes) is given either in the Health Care Policy and Procedure document or in separate policies on relevant specific conditions to be found in Matrons' Handbook and in the Staff Handbook. Details of the procedure for responding to boys who are ill or infectious are to be found in the Health Care Policy in the Staff Handbook. Parents are informed of these procedures on entry to the school via the Parents' Guide.

Medical Assistance

Where possible, injuries will be assessed, treated or referred by a first aider. A first aider must hold a valid certificate of competence, issued by an organisation whose training and qualifications are approved by the HSE.

Qualifications

- All teaching staff (including TA's) will hold an up to date qualification in emergency first aid. This is updated every three years and the list of staff held by the Deputy Head.
- More than one person working with Reception/EYFS has a paediatric first aid certificate. This meets the regulatory requirements for EYFS. Up to date details of which staff are qualified in this way are to be found in the Matrons' Department Handbook.
- Records are kept by the Deputy Head of those staff who have Paediatric first aid certificates
- Matrons will hold up to date qualifications in either first aid at work or paediatric first aid. These are updated every three years.
- Other staff hold additional first aid qualifications. Details can be found in the Matrons' Department Handbook.

Procedure on site

Staff will use their own judgement as to whether an injury is minor enough for them to deal with under their own training or if the injury requires further medical attention. However, should further medical attention be required, Matron would be called or the boys sent to Matron. All head injuries in the Prep school **MUST** be reported to Matron. In the Pre-Prep all head injuries should be reported to the Head or Deputy Head of the Pre-Prep who will contact Matron if necessary.

There will be at least one paediatric first aider with EYFS boys on site and on outings.

At least one Matron is on site 24 hours a day when the boys are in school, unless there is an unforeseen circumstance in which case alternative arrangements will be in place to ensure that there is a designated first aider.

In the event of anything other than minor injuries, professional medical assistance **MUST** be sought and the Headmaster informed.

In the vast majority of cases, staff should not call an ambulance directly but must call Matron who would then make the decision whether to call 999. In very rare circumstances it might be necessary for a staff member to call an ambulance immediately but this should only be for the most severe injuries where any delay might prove crucial in determining the eventual outcome.

No casualty will go to hospital unaccompanied but Matron will usually remain on site. Records of all incidents are kept by Matron.

Head injury and Concussion – please see separate policy and appendix 1

School trips and outings

One member of staff accompanying every trip or outing should be designated as the person in charge of first aid and should have Emergency First aid training. In the case of EYFS children, there will at least be one paediatric trained member of staff accompanying the boys. It is this member of staff's responsibility to obtain up to date medical or dietary information on all of the relevant boys from Matron. They have responsibility for any first aid equipment they are required to look after and for ensuring that suitable medical attention is summoned when appropriate. An appointed person is the minimum legal requirement in all circumstances. In the Prep School, details of any medical attention given will be recorded and passed to Matron on returning to school. These details will be added to the existing school

record. In the Pre-Prep details will be passed to the Head of Pre-Prep. The Headmaster will be informed immediately if any boy requires professional medical attention.

Reporting to parents

Depending on the circumstances and the timing of any incident, the Matrons or the Headmaster/Head of Pre-Prep will be responsible for notifying the relevant parents on the same day when reasonably practicable.

Dealing with Spillages of Bodily Effluents (e.g.: blood/vomit/soiling and/or wetting)

- Arrange for the boy to be escorted to Matron or call Matron to the incident.
- Matron will provide the appropriate care for the boy.
- Matron will make the area safe.
- Matron will arrange for the bodily effluent to be cleared up.
- Staff should ensure that other children are kept away from the affected area until the spillage is cleared up.

In the Pre-Prep, staff rather than Matron, will deal with any incidents following the guidelines as above. Matron could still be called if necessary.

The Boarding Matron is responsible for cleaning up any spillages when she is on duty as the cleaning staff may not be available.

In all cases, Matron will inform the relevant form teacher or tutor and the parents of the boy involved will also be told.

No bodily fluids should be cleared up without the use of rubber gloves or other appropriate protective clothing. Rubber gloves are kept in every First Aid box. There is a bodily fluid spillage kit in a clearly marked cupboard in the Matrons' Office and in the Pre-Prep sick bay.

Management Responsibility

The Bursar, Deputy Head, Head of Pre-Prep and Matrons are responsible to the Headmaster for the promotion and implementation of the First Aid Policy. They will be responsible for ensuring staff take appropriate training in First-Aid and undertake refresher training as required. Cover for absent Matrons is also the responsibility of the Deputy Head who will liaise with the Headmaster's wife. The Domestic Services Manager will maintain the records of support staff, will update the Matrons' Department Handbook accordingly and will ensure that there are sufficient such personnel, in accordance with current legislation, in the appropriate departments within the school.

The decision to refer a serious case to HSE under RIDDOR will be taken by the Headmaster if the case involves a boy and by the Bursar if a member of staff is injured; the Matrons do not make the decision to refer. Matron will keep the Headmaster or Bursar informed of all serious incidents, especially if they result in hospital treatment being required. Cases will be referred to HSE if a boy has been admitted to hospital. Further guidance on which cases should be referred under RIDDOR can be found on the HSE website.

The Matrons are responsible for the maintenance of the First Aid boxes located around the School, liaising as required with holders of these boxes. The location of all First Aid boxes is detailed in the Matron's Handbook.

Accident Reporting

ALL accidents that take place to ALL employees, boys and visitors within the school, and during authorised trips away from the school premises in the Prep School must be recorded in the approved Accident Report Book in the Matrons' Department. In the Pre-Prep these are recorded in the Daily Treatment book and parents are informed on the same day, or as soon as reasonably practicable. Accident Report Forms, used to supplement the Book, are held in the Matrons' Department. All facts relevant to the accident must be recorded. ALL Accident Report Forms are to be filed by the Bursar and **retained for at least 40 years** (to coincide with the requirements to maintain copies of Employer's Liability Insurance).

In addition, all accidents are reported to the Health and Safety Committee for review and action where necessary and to the Senior Management Team and the Governors as necessary.

Deputy Head
February 2013

Reviewed
Deputy Head September 2016

Appendix 1

Concussion

Staff should use the ‘pocket concussion recognition tool’ as an initial assessment for concussion during a match in school. There are copies in all the first aid kits used for matches. Please use this recognition tool if you suspect concussion and call Matron to assess.



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
- Dizziness
- Nausea or vomiting
- "Pressure in head"
- Irritability
- Amnesia
- Nervous or anxious
- Sensitivity to noise
- Headache
- Balance problems
- Feeling slowed down
- More emotional
- Sensitivity to light
- Fatigue or low energy
- Neck Pain
- Difficulty remembering
- Seizure or convulsion
- Confusion
- Drowsiness
- Blurred vision
- Sadness
- Feeling like "in a fog"
- "Don't feel right"
- 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
- ▶ Increasing confusion or irritability
- ▶ Repeated vomiting
- ▶ Seizure or convulsion
- ▶ Weakness or tingling / burning in arms or legs
- ▶ Deteriorating conscious state
- ▶ Severe or increasing headache
- ▶ Unusual behaviour change
- ▶ Double vision

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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If concussion is suspected the boy will be removed from play and parents contacted. An assessment from a medical practitioner is required before returning to rugby.

Where concussion has been diagnosed, the RFU Return to Play will be followed Matron will oversee this process and keep Games staff up to date