



**WESTMINSTER UNDER SCHOOL**

**First Aid and Medical Policy**

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## **General Information**

This policy relates to the administration of First Aid and medicines and acts as guidance for staff. It is intended to cope with all foreseeable incidents in the School, during games and on school trips.

## **First Aid-Trained Members of Staff**

### **Primary First Aiders**

The primary First Aiders who have undergone a 3-day First Aid at Work course are:

- Lucy Blanchard – School Matron, Office
- Louisa Lopes – PA to the Master, Office
- Alycia Lee – Registrar, Office
- Penny Keeley – School Administrator, Office

At least one of the above members of staff are available from 8:00am to 5.30pm Monday - Friday to administer First Aid, to deal with any accidents or emergencies and to help if a pupil or member of staff is taken ill.

The School also consults with a Registered Nurse who is available to provide advice and training when required.

### **Other members of Staff**

All teaching staff who joined before September 2019 have undergone a 3-hour basic First Aid course to enable them to provide basic first aid, and to recognise when more specialist help is required. This training also covers administering Epipens/JEXT/Emerade, also known as AAIs (Adrenaline Auto-Injectors). The basic First Aid course is repeated as an INSET session every 3 years.

### **Induction of New Pupils and Staff**

New pupils are informed to go to the Matron’s Office for help in the event of an accident by their Form Teacher as part of their induction into the School.

New members of staff are required to read the First Aid and Medical Policy which lays out our practices and procedures. They are given anaphylaxis and asthma training by Matron as part

of this induction. This includes peripatetic staff such as Visiting Music Teachers (VMTs) and Extras' Coaches.

## **First Aid Kits**

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

Most First Aid kits are kept in the Matron's Office. However, additional First Aid kits are available in the following locations:

- The Art Department (one general First Aid kit)
- The Science Department (three First Aid kits; one in each lab and in the Science Prep Room, with extra supplies of sterile eye wash)
- In each of the two WUS minibuses (car-specific First Aid kits)  
Lucy Blanchard is responsible for maintaining these kits.
- The Pavilion (one specialist sports First Aid kit)
- The Sports Centre (two general First Aid kits)  
Great School medical personnel are responsible for maintaining these kits.

A further First Aid kit is kept in the kitchen (with blue plasters, etc.) which is supplied and maintained by the School's outside catering company, CH & Co (formerly Brookwood Ltd.)

Where games are conducted at external sites, the master in charge of the session carries a First Aid kit with them. The Director of Sport should ensure that the First Aid provision at sites regularly used by the School, for example, Battersea Park, is assured and understood by pupils and staff in attendance. Where a site is not used often and the provision for First Aid is not so well known, for example at an annual away fixture far from school, the First Aid pack taken must be sufficient for any common injuries, with colleagues understanding that they may be the first point of contact for First Aid.

With regards to educational visits which take place away from school, the risk assessment, which is carried out prior to any school trips taking place, ensures there is an acceptable ratio of accompanying staff and that an appropriate number of First Aid kits have been taken on the trip. A member of staff who has completed the 3-hour First Aid training course will accompany every off-site visit. There are always spare fully-equipped First Aid kits in the School Office for the First Aiders to take off site with them.

The School provision of certified First Aiders more than meets the number required by law, which is a minimum of one per site. Each site has a First Aid box which is checked by the designated person each month and restocked immediately after items are used (and at other times, as necessary).

### **Contents of First Aid Kits**

There is no mandatory list of items for a First Aid container. However, the Health and Safety Executive (HSE) recommend that, where there is no special risk identified, a minimum provision of First Aid items would be:

- 1 guidance leaflet (or photocopy of relevant pages)

- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- 2 sterile eye pads
- 4 individually wrapped triangular bandages
- 6 safety pins
- 6 medium sized individually wrapped sterile unmedicated wound dressings (approx. 12x12cm)
- 2 large sterile individually wrapped unmedicated wound dressings (approx. 18x18cm)
- 1 pair of disposable gloves

In addition, School First Aid kits will include:

- Alcohol-free moist wipes
- Resuscitator/face mask
- Waste/sick bags

If additional materials and equipment are deemed necessary, for example scissors, sun cream or Calpol<sup>®</sup>, these will be considered upon request and provided where appropriate.

### **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. Following HSE recommendations, the items listed below will suffice in most cases:

- 1 guidance leaflet (or photocopy of relevant pages)
- 6 individually wrapped sterile adhesive dressings (assorted sizes)
- 1 large sterile unmedicated wound dressing (approx. 18x18cm)
- 2 triangular bandages
- 2 safety pins
- Individually wrapped moist cleaning wipes
- 1 pair of disposable gloves
- Anthisan<sup>®</sup> Bite & Sting cream
- Emergency Adrenaline Auto Injectors (AAI) if a boy travelling is at risk of anaphylaxis  
This dosage of the AAI will be appropriate to what the boy has been previously prescribed (i.e. either 150 or 300 mcg)
- Emergency Salbutamol inhaler

### **Sports First Aid Kits**

The contents of Sports First Aid Kits should be appropriate to the activity in relation to which they are likely to be used.

Additional items may be necessary for specialised activities, e.g. instant ice packs. The Matron will discuss additional items and medications with the specific members of staff and provide them as appropriate.

## **Administration of Medicines**

Where possible, the School avoids giving any medicine to boys which has not been prescribed to them specifically. However, the following over the counter medicines are kept in the Matron's Office and are available in School First Aid kits should they be required:

- Calpol®
- Anthisan® Bite & Sting cream
- Savlon® antiseptic cream.

Piriton is no longer held in school.

Parents are asked to consent to their son being given these generic medicines, if and when required, on the Confidential Medical Form which is to be filled in on their son's admittance to the School. Boys receiving medication will be given a yellow paper wristband detailing what the medication was, the time it was administered and the dose which was given.

Parents will be notified of any general medication administered during a School trip as soon as is practical but certainly by the end of the same day by the member of staff in charge of First Aid.

The School does not keep any medicines for general use containing Ibuprofen for boys due to its association with inducing asthma attacks. Boys may only be given Ibuprofen-containing medicine from home during the School day if one of their parents have completed and signed an Administration of Medicine form.

Parents of any boy(s) who require short-term administration of medicine on a School trip (e.g., a course of antibiotics, eye drops, anti-motion sickness medication, etc.) must complete an Administration of Medicine Form, available from the Matron or on the School's intranet, known as Aptus. The designated member of staff in charge of First Aid will record the dosage and time at which any medicine is given.

## **Individual Medical Conditions**

Westminster Under School is committed to supporting pupils with other specific medical conditions. Boys with particular medical conditions (e.g. diabetes, epilepsy, and so on) will have an Individual Healthcare Plan, details of which should be discussed with the School before admittance or as soon as the parents become aware of the medical condition.

## **Administration of an Individual's Medication**

Parents of the pupil will bring in the medication to Matron's Office and agree the administration plan with the School Matron. Parents must complete a pupil Medication Administration Form. No medication will be administered to a pupil without a completed form.

The Matron will record on pupils' individual medical cards, held in Matron's Office, all medication administered stating the type of medication, dosage, time and date. The Matron will alert other First-Aiders in the office in case they need to act in her absence.

At the end of the course of treatment, parents will collect any unused medicine from the School Matron and supply any additional medication needed.

Boys' specific medication will, in general, be stored in individually-named orange 'medpacs' along with the specific care plan in the Matron's Office. These medicines will be taken with the boys whenever they go off-site by a member of staff.

However, older boys in Years 7 and 8 carry their own inhalers and/or AAIs in medpacs which are kept on them at all times. Parents have previously approved this and are confident that their child can spot the symptoms of his illness, that he knows how to administer the medication and knows how and when he should seek further help.

Staff should store any personal medications, which need to be taken in the school day, in the lockable staff medicines cabinet in the main reception area. The key is held by Lucy Blanchard or Penny Keeley but they are not responsible for giving medicines to staff.

### **Informing Staff of Individual Medical Needs**

The Matron is responsible for compiling the list of pupils who have an Individual Medical Need, the dissemination of this information to school staff and ensuring the list is updated on an annual basis or as new pupils are diagnosed. The Matron is responsible for obtaining Care Plans and ensuring that they are followed.

The Matron's Office has a list of names and photographs of boys requiring AAIs or inhalers and those boys who have other long-term conditions. The same list is also pinned on the medical noticeboard in the Common Room, in the Pavilion on Vincent Square, the First Aid Room in Westminster Sports Centre and in the kitchen in George House.

### **Specific Medical Conditions**

#### **Asthma**

All known asthmatics in Years 3 – 6 currently store their inhalers in the Matron's Office. An emergency Salbutamol blue inhaler (Ventolin) plus a spacer is held in Matron's Office. Additional emergency asthma kits are located in:

- The Sports Pavilion in Vincent Square
- The First Aid Room of the Westminster School Sports Centre

These inhalers are to be used for known asthmatics who do not have access to their own inhaler. Parents of known asthmatics will previously have been given a consent form by the Matron to authorise the use of the emergency Salbutamol inhalers. A list of the boys with permission to use the emergency inhaler is kept with the Emergency Asthma kit. Any staff administering the emergency inhaler will contact Lucy Blanchard who will inform the parent immediately. Further information can be found at:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/416468/emergency\\_inhalers\\_in\\_schools.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf)

Appendix 4 has further information on the emergency treatment of an asthma attack.

### **Pupils with a Severe Allergy**

A number of boys at Westminster Under School have allergies to certain foods, insect stings, animals and drugs. Most severe allergic reactions are the result of ingestion but other reactions can be triggered by touching surfaces that have previously been used by someone who has eaten nut (or other common allergen) products.

For the safety of boys with such allergies, parents are requested, and regularly reminded of the importance of, **not** providing boys with school snacks or cakes which include nuts or seeds. The School is 'nut-free'.

Any boys diagnosed as being anaphylactic will have been prescribed an AAI (usually an EpiPen, JEXT or Emerade) for use in an emergency. Parents are required to notify the School in writing immediately of any changes to their son's allergy status. Two AAIs and any other required medication should be given to the Matron. All items must be clearly labelled with the boy's name and instructions for administration.

Parents are primarily responsible for their son's AAIs and for it being in date. Parents are responsible for providing a new, in-date replacement before the expiry of the medication.

Teaching and catering staff are made aware of any boy with severe allergies and are advised that, if they have any concerns about a pupil presenting with even a minor reaction, the boy should be sent to the Matron's Office accompanied by an adult where the condition will be assessed and appropriate measures taken.

Parents of boys with AAIs are reminded to check regularly with their child's GP or medical practitioner that their son is in possession of the correct dose the AAI. Junior EpiPens (150mcg) are usually only prescribed for children weighing between 15 and 30kg.

If AAIs are taken on school trips abroad, parents must print off the following form to be completed by the boy's General Practitioner prior to the trip. This is to ensure that the AAIs can pass through the security section of an airport without being confiscated by the security personnel.

<http://www.epipen.co.uk/docs/16641-A4-Travel-Document.pdf>

### **Spare AAIs**

In accordance with government guidelines which came into place in September 2017, the School has emergency/spare AAIs available. The School's protocol has been written in accordance with the Guidance on the use of adrenaline auto-injectors in schools:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/645476/Adrenaline\\_auto\\_injectors\\_in\\_schools.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)



It should be noted that the spare adrenaline auto-injector is **not** a substitute for pupils carrying their own device, it is a back-up device to be used when the pupil's own fails, is lost, forgotten or is out-of-date. It is imperative that pupils continue to have access to their own device. Parents are actively encouraged to check AAI use-by dates and replace them before expiry.

The school stores the brand JEXT with a dosage of 300mcg and, where a boy is prescribed it, a JEXT with a dosage of 150mcg.

Where a child does not carry his own AAI device, all AAIs, including those belonging to a younger child, and spare AAIs in the Emergency kit, are kept in Matron's Office to which all staff have access at all times.

### **Location of spare AAI devices**

Additional AAI devices, both adult (300mcg), and junior (150mcg, where applicable) will be held in the following locations:

- George House
- The Pavilion
- The Sports Centre (First Aid room)

### **Dispensing Generic AAIs for pupils known to be at risk of anaphylaxis**

According to Department of Health guidance, "Schools may administer their "spare" adrenaline auto-injector (AAI), obtained without prescription for use in emergencies, if available, but only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided."

### **Dispensing Generic AAIs for pupils not previously known to be at risk of anaphylaxis**

In the event of a pupil with **no** previous known allergy suffering from a severe allergic reaction staff should be aware of the following Department of Health Guidance:

*"In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate."*

Staff should therefore call 999, say they have a spare AAI and await further instruction.

WUS will ensure staff have appropriate training and support, relevant to their level of responsibility. The statutory guidance "Supporting pupils with medical conditions at school" requires governing bodies to ensure that staff supporting children with a medical condition should have appropriate knowledge, and where necessary, support.

The Department of Health has indicated it would be reasonable for ALL staff to:

- be trained to recognise the range of signs and symptoms of an allergic reaction
- understand the rapidity with which anaphylaxis can progress to a life-threatening reaction, and

that anaphylaxis may occur with prior mild (e.g. skin) symptoms

- appreciate the need to administer adrenaline without delay as soon as anaphylaxis occurs, before the patient might reach a state of collapse (after which it may be too late for the adrenaline to be effective)
- be aware of the anaphylaxis policy
- be aware of how to check if a pupil is on the register of pupils at risk of anaphylaxis
- be aware of how to access the AAI
- be aware of who the designated members of staff are, and the policy on how to access their help

Once an AAI has been used, it cannot be reused. Used AAIs can be given to the ambulance paramedics on arrival or given to the pupil's parents to take to GP for safe disposal.

### **Children with anaphylaxis away from school**

Children who are at risk of anaphylaxis (and also children who have inhalers or other medical conditions to be aware of) are colour-coded on paper registers so supervising staff, such as Sports Coaches, know to collect medication from the Matron's Office.

As part of the standard risk assessment pack for a school trip, any pupil at risk of anaphylaxis taking part in a school trip off school premises is identified, their medical details noted and all staff on the trip informed. Pupils at specific risk of anaphylaxis will have their AAI(s) with them and there will be staff trained to administer AAIs in an emergency. A spare AAI will be taken on all school trips where a pupil is known to be at risk of anaphylaxis. All pupils who are known to be at risk of anaphylaxis must have immediate access to their medication when on any activity outside the school and is indicated in the Risk Assessment. This policy is to be strictly enforced by all staff responsible for supervising trips/visits and external activities.

The Matron will be responsible for ordering, storage, maintenance and distribution of the spare AAIs.

**Please refer to Appendix 5 for further information on the Emergency Treatment of an Anaphylactic Reaction.**

### **Epilepsy**

Any boy with a diagnosis of epilepsy will have an Individual Care Plan detailing their care in the event of a seizure. It is essential that all staff are aware of risks associated with water-based activities and other sports such as climbing. The School will be guided by the Medical Consultant in charge of his care.

In the event of a seizure, staff should remain with the boy and ask other pupils to leave the area. If they are the only adult present they should allocate one appropriate pupil to summon urgent assistance of another adult.

**Refer to Appendix 6 for further information on care of a patient having an Epileptic Seizure.**

### **Eye Injury**

Any direct impact to the eye or socket requires urgent professional medical review. Boys would be referred to a doctor or other medical professional immediately.

### **Concussion**

Any boy suspected of being concussed whilst at home must be cleared by their GP or medical practitioner, and a written medical note given to the Matron, prior to the boy being permitted to undertake any sports or games lesson.

Any boy who sustains a head injury and has **any** of the following symptoms should be treated as a suspected concussion until seen by a doctor.

- Headache (not simply a sore area/egg at the site of impact)
- Dizziness
- Feeling of disorientation, confusion
- Feels dazed
- Does not recall the event happening
- Feels nauseous?
- Vomits after the injury
- Blurred or Double vision
- Drowsy/sluggish
- Problems with balance

Head injury information sheet (**Appendix 2**) should be completed by the member of staff present at the time of injury to aid the doctor's diagnosis. Parents are to be informed immediately and must take the pupil to see their GP/ local hospital. Westminster Under School follows IRB guidelines regarding Return to Play Protocol and medical clearance is required following all cases of suspected concussion regardless of how/where the injury happened.

See <http://playerwelfare.worldrugby.org> for further information of Return to Play Protocol

### **Illness at School**

Any boy deemed by a First Aider to be unfit for School should be collected by a parent or guardian. In practice, this is usually following a telephone call from the Matron. Pupils who are unwell will be isolated in the Matron's office whilst awaiting collection to minimise the risk of infection to other pupils and staff.

Absentee records are frequently monitored by the administration staff to take note of any boy who is away on a regular basis and also to determine if there are any infections or diseases affecting more than one boy. If concerns are raised about an individual boy, the Form Teacher, Head of Year, Assistant Master Pastoral or the Deputy Master, as appropriate, will speak to the parents to alert them of the boy's high absence rate and how it can be improved.

### **Procedure in the Event of an Accident or Injury**

If the member of staff at the scene of an incident, judges that it is an emergency and that an ambulance should be called, he/she should do so immediately, without hesitation and without waiting for a First Aider to arrive at the scene. In a non-emergency situation where medical assistance is required a First Aider should be summoned and they will make the decision on how to proceed. In practice this will usually be the Matron or one of the other Primary First Aiders in the Matron's absence. To call from a School telephone staff are reminded that they need to dial 9 for an outside line followed by 999.

An ambulance should always be called in the following circumstances:

- In the event of serious injury or illness
- In the event of a severe asthma attack
- In the event of anaphylaxis
- In the event of a significant head injury
- In the event of a period of unconsciousness
- Whenever there is the possibility of a serious/unstable fracture or dislocation
- In the event that the First Aider considers that he/she cannot deal adequately with the presenting condition or if he/she is unsure of the correct treatment

In the event that an ambulance is called, parents will also be called at the earliest opportunity to accompany the boy to hospital or to meet them there to relieve the accompanying member of staff if they cannot arrive at the School before the ambulance leaves. If it is a member of staff in need of First Aid, then that person's next-of-kin should be informed, unless he/she has indicated otherwise.

### **Recording and Notifying of Accidents**

All incidents are recorded on pupils' individual medical cards held in Matron's Office and also to the boy's electronic records on the Management Information System (WUSMIS). More serious incidents, in particular those that require a trip to hospital, will be written up by the member of staff who was at the scene of the accident on an Accident Report Form which is also kept in the Matron's Office and on Aplus.

All reported accidents are reviewed at the School's termly Health and Safety Committee meeting to see if there are any trends that require specific attention. Any problems which arise are dealt with before the next meeting.

### **Communication with Parents**

Parents will be informed of any accident other than playground scratches and grazes, if a boy becomes unwell or if a member of staff has concerns about his health. Any significant head or facial injury will automatically warrant a call home.

## **Wristbands**

If a boy receives medication, he will be given a yellow medical wristband recording the time and dosage to wear home to their parents.

Any bump to head/minor head injury will be highlighted by the wearing of a blue wristband along with a phone call home.

## **Reportable Incidents**

The School is required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) to report any serious accidents, industry-related diseases and near-misses to the Health and Safety Executive (HSE). Any observations of such instances by staff must be reported to the Master and/or Deputy Master as soon as possible. Only the Master and the Bursar may make the decision to bring a RIDDOR report to the HSE.

Playground injuries and non-curriculum sports injuries, unless caused by defective equipment, defective premises or defective supervision are not generally reportable.

Examples of reportable major accidents, diseases and dangerous occurrences (October 2013) are listed at <http://www.hse.gov.uk/riddor/reportable-incidents.htm> and include:

- Fracture other than to fingers, thumbs or toes
- Amputation
- Dislocation of shoulder, hip, knee or spine
- Loss of sight (temporary or permanent)
- Injury resulting from an electric shock or electrical burn leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours
- Any other injury leading to hypothermia, heat-induced illness or unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours

## **Infection Control**

In line with Public Health England guidelines on infection control in schools, boys are required to remain off School for 48-hours from the last episode of diarrhoea or vomiting. Any boy suffering from 'flu (influenza) must remain off School until fully recovered.

Parents are requested to visit the Public Health England's website for further details and advice on each:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/353953/Guidance\\_on\\_infection\\_control\\_in\\_schools\\_11\\_Sept.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/353953/Guidance_on_infection_control_in_schools_11_Sept.pdf)

If there is an infection or disease affecting a whole year group or the whole School (e.g. swine 'flu), appropriate information will be sent to the affected group, or the whole school if necessary, with the Government's recommendations.

## **Clearing up Bodily Fluids – vomit, faeces, urine, blood etc.**

Body fluids are a source of infectious micro-organisms (bacteria, viruses and fungi). The main risk is infection following hand to mouth/nose/eye contact. There is also a risk of infection via broken skin (cuts or scratches).

The following guidelines should be followed to help reduce risk of exposure to pathogens to an acceptable level.

### **Procedure in the Event of Exposure to Bodily Fluid**

1. Reassure the patient, administer any First Aid for life threatening conditions and protect the dignity of the patient. If appropriate alert the First Aider who will assess and take charge of the situation and decide whether appropriate to remove patient from the area immediately.
2. Staff member should seal off area and ensure other pupils/staff are moved away to prevent cross contamination and spread of infection.
3. Contact WUS caretakers immediately and inform them of the incident and the request for cleaning and disinfecting.
4. Obtain a Biohazard Disposal Kit from Matron's office and read the instructions.
5. If there is to be a delay in the caretakers attending it is recommended that a staff member present commences the first steps of the clean-up i.e.: removal of bulk of any solid waste or pour granules on to any fluids.
6. Gloves and plastic apron should be worn (within the kit and additional supplies are stocked in Matron's Office). **These should be removed before exiting the area.**
7. Scrape up the bulk of solid residues into the yellow bag for safe disposal. Bag up contaminated material that needs laundry or disposal, e.g. clothing. Pour granules/powder onto any fluids, these will absorb the fluid and give ease of removal. Follow instructions for use within the Biohazard Disposal Kit.  
Ensure the caretakers attend for thorough cleaning and decontamination of the area. The cleaning team should assume that everything that might have been in contact with body fluids is contaminated. A further deep clean of the area should be done after the initial clear up and disinfection. All cuts and abrasions should be covered with a waterproof dressing before work begins. Gloves and disposable plastic aprons should be worn and removed before exiting the area. It is important that cloths are disposed of afterwards and not used in other areas as this will cause cross contamination.
8. Ensure that contaminated waste bags should be disposed of safely according to local rules and regulations. If soiled, bag up clothes for laundry as a separate load.
9. The area must remain isolated and clearly signposted until it is thoroughly clean.

## Appendix 1 – Staff who have completed First Aid Courses

Date	Course Provider	Type/Duration	Staff member
January 2020	Chelsea & Westminster Hospital	Diabetes training session	Louisa Lopes, PA to the Master Penny Keeley, Receptionist Thomas Dumas, Teacher of Sport
October 2019	British Red Cross	3-day First Aid at work	Alycia Lee, Registrar
September 2019	Chelsea & Westminster Hospital	Diabetes Study Day	Alycia Lee, Registrar
September 2019	Chelsea & Westminster Hospital	Diabetes Study Day	Lucy Blanchard, Matron
July 2019	Boarding Schools Association	BSA Certificate in Professional practise for School Matrons	Lucy Blanchard, Matron
May 2019	First Aid for Life	3 Day First Aid at Work	Lucy Blanchard, Matron
August 2018	React First	Emergency First Aid at Work and Pitch Side Sports First Aid with AED	Thomas Dumas, Teacher of Sport
February 2018	St John's Ambulance	3-day First Aid at work	David Shaw, Director of Sport
February 2018	St John's Ambulance	3-day First Aid at work	Penny Keeley, Receptionist
February 2018	St John's Ambulance	3-day First Aid at Work	Franklin Barrett, Head Groundsman
March 2018	St John's Ambulance	3-day First Aid at Work	David Wicks, Assistant Groundsman
January 2017	St John Ambulance	3-day First Aid at work	Louisa Lopes, PA to the Master

## Appendix 2 – Head Injury Information



### WESTMINSTER UNDER SCHOOL

#### Head Injury Information

Name of boy: ..... Form:.....

sustained a knock to his head today (date) ..... at (time) .....

Details:.....

.....

Symptoms:.....

.....

Treatment:

.....

We are querying a **suspected concussion** and request that he is reviewed by his GP today.

We would like to ensure that relatives/carers observe the following points until he is fully recovered:

- He should not be left alone
- No sedatives (e.g. cough linctus that causes drowsiness) for at least 48 hours as these can mask any change in condition

Concussion symptoms are made worse by exertion, both physical and mental and the most important treatment for concussion is rest.

- He must not exercise or do any activities that make symptoms worse e.g. reading, computer games
- If mental activities such as reading and concentrating exacerbate symptoms he may have to stay off school until they subside



- If he goes back to activities before he is completely recovered, he is more likely to remain symptomatic for longer

He may experience headaches, feel bad tempered, have poor concentration, feel slightly nauseated and more tired than usual.

Simple pain killers e.g. paracetamol can help but **rest** is the most important treatment.

It can take several days to recover from a minor head injury.

**IMPORTANT**, if any of the following occur you must seek a medical review **immediately**

- Drowsiness when normally awake or cannot be woken
- Headache that is getting worse or not relieved by paracetamol
- Weakness or numbness in one area of the body or decrease in coordination and balance
- Vomiting or prolonged nausea
- Slurred speech, difficulty speaking or understanding
- Increasing confusion, restlessness or agitation
- Loss of consciousness
- Convulsions
- Clear fluid/bleeding coming out of ears or nose
- New deafness in one or both ears
- Changes in vision such as blurring or double vision
- Dizziness
- Neck stiffness

### **Returning to sport following a concussion**

Westminster Under School adheres strictly to the recommended guidelines for returning to sport following a concussion. Pupils must be symptom free and told they are fit to play by their doctor following a period of rest. Return to sport must follow a step-wise Graduated Return to Play (GRTP) as instructed by their doctor. We require written confirmation of this clearance.

### Appendix 3 - Nearest Hospitals and A & E Departments

<b>St Thomas' Hospital</b>	<b>Chelsea &amp; Westminster Hospital</b>	<b>University College Hospital</b>
Westminster Bridge Road London SE1 7EH	369 Fulham Road London SW10 9NH	235 Euston Road London NW1 2BU
Tel: 020 7188 7188	Tel: 020 3315 8000	Tel: 020 3456 7890
<i>A &amp; E, 24 hours 0.76 miles away</i>	<i>A &amp; E, 24 hours 2.13 miles away</i>	<i>A &amp; E, 24 hours 2.31 miles away</i>

## **Appendix 4 - How to recognise an asthma attack**

The signs are:

- Persistent cough (when at rest)
- Wheezing sound coming from the chest
- Difficulty breathing
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet
- May try to tell you that their chest 'feels tight'

**CALL AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD:**

- Appears exhausted
- Has a blue/white tinge around the lips
- Is going blue
- Has collapsed

### **Treatment**

- Keep calm and reassure the child
- Encourage them to sit up and slightly forward
- Use the child's own inhaler, if not available use the emergency inhaler
- Shake inhaler and INSERT into SPACER
- Take first puff and breath in and out of inhaler 5 times
- Take second puff and repeat

Repeat 2 x puffs after two minutes, up to a maximum of 10 puffs

Stay calm and reassure the child

If child's condition is not improving OR the exhibit any of the signs listed above call 999 for an ambulance.

If an ambulance does not arrive within 10 minutes give another 10 puffs in the same way as before.

## **Appendix 5 - Signs & Symptoms of an Anaphylactic Reaction and how to use an Epipen, JEXT and Emerade**

Signs of a **mild to moderate** reaction:

- Swelling of lips, face, eyes
- Hives or itchy rash
- Itchy or tingling mouth, itchy throat
- Abdominal pain, vomiting

Signs of a severe reaction (Anaphylaxis): Difficult or noisy breathing

- Wheeze, persistent cough, hoarse voice
- Difficulty swallowing or tightness in throat
- Loss of consciousness or collapse
- Pale, floppy or suddenly sleepy

### **Procedure in the Event of an Anaphylactic Reaction**

1. Inform the School Office and ask someone to dial 999 and request an ambulance
2. Give them the boy's name and say ANAPHYLAXIS
3. While awaiting medical assistance, a member of staff will administer the AAI (see Directions for Use next page)
4. If his condition has not improved, a second AAI can be administered after 5 – 15 minutes
5. Call the boy's parents to inform them of the situation

## How to use EpiPen® or EpiPen® Jr

Remove the EpiPen® from the carry case. Lie down with your legs slightly elevated to keep your blood flowing or sit up if breathing is difficult.

1

Form fist around EpiPen® and **PULL OFF BLUE SAFETY CAP.**



2

**POSITION ORANGE END** about 10cm away from outer mid-thigh\*.  
\* Either clothed, or unclothed, avoiding seams and pocket areas.



3

**SWING AND JAB ORANGE TIP** into thigh at 90° angle and hold in place for 10 seconds.



4

**REMOVE EpiPen®**  
Massage injection site for 10 seconds\*.  
\*After use the orange needle cover automatically extends to cover the injection needle.



### Reporting of side effects

If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the package leaflet. You can also report side effects directly via the Yellow Card Scheme at: [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard).

By reporting side effects you can help provide more information on the safety of this medicine.

Each EpiPen® can only be used once. If symptoms don't improve, you can administer a second EpiPen® after 5-15 minutes.

**“ You Must call 999, ask for an ambulance and state ‘anaphylaxis’. ”**


Stay lying down or seated and have someone stay with you until you have been assessed by a paramedic.


Unconscious patients should be placed in the recovery position.





## JEXT- Directions for use


### Instructions for use

- 

1, Grasp the Jext injector in your dominant hand (the one you use to write with) with your thumb closest to the yellow cap.
- 

2, Pull off the yellow cap with your other hand.
- 

3, Place the black injector tip against your outer thigh, holding the injector at a right angle (approx 90°) to the thigh.
- 

4, Push the black tip firmly into your outer thigh until you hear a 'click' confirming the injection has started, then keep it pushed in. Hold the injector firmly in place against the thigh for 10 seconds (a slow count to 10) then remove. The black tip will extend automatically and hide the needle.
- 

5, Massage the injection area for 10 seconds. Seek immediate medical help.

Call 999, ask for an ambulance and say "anaphylaxis". If you are unable to make the call, get someone else to call for you.

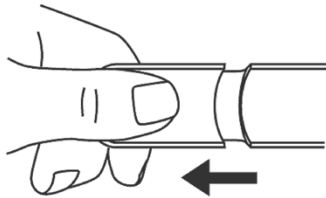
BE PREPARED: Use a second Jext after 5-15 minutes if the symptoms do not improve.

**You should carry your Jext with you at all times.**

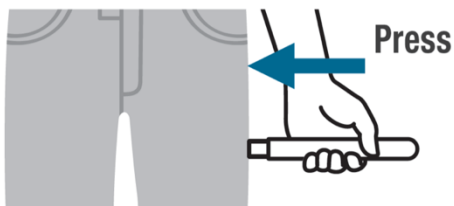
## Emerade – Directions for Use

Available from:

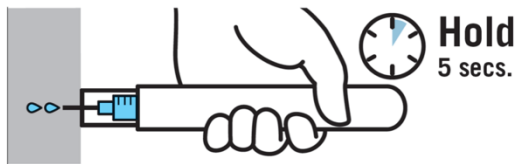
[https://docetp.mpa.se/LMF/Emerade%20solution%20for%20injection%20ENG%20PL\\_09001be6803a3ac8.pdf](https://docetp.mpa.se/LMF/Emerade%20solution%20for%20injection%20ENG%20PL_09001be6803a3ac8.pdf)



1. Remove the needle shield.



2. Place and press Emerade against the outer side of the thigh. You will hear a click when the injection goes into the muscle.



3. Hold Emerade against the thigh for about 5 seconds. Lightly massage the injection site afterwards.  
**Seek immediate medical help.**

## Appendix 6 - Care of a patient having an Epileptic Seizure

Although it can be frightening to see, this type of seizure is not usually a medical emergency. Usually, once the convulsions have stopped, the person recovers and their breathing goes back to normal.

### What to do

1. **Stay calm**, ask other pupils to leave the area and allocate one to summon additional adult assistance.
2. **Look around** - is the person in a dangerous place? If not, do not move them. Move objects such as furniture away from them.
3. **Note the time** the seizure starts.
4. **Stay with them**. If they do not collapse but seem blank or confused, gently guide them away from any danger. Speak quietly and calmly.
5. **Cushion their head** with something soft if they have collapsed to the ground.
6. **Do not hold them down** or restrain their limbs.
7. **Do not put anything in their mouth**.
8. **Check the time again**. If a convulsive (shaking) seizure does not stop after 5 minutes, call for an ambulance (dial 999).
9. **After the seizure has stopped**, put them into the recovery position and check that their breathing is returning to normal. Gently check their mouth to see that nothing is blocking their airway such as food or vomit. If their breathing sounds difficult after the seizure has stopped, call for an ambulance.
10. **Stay with them until they are fully recovered**.
11. If the pupil is injured, or they have another seizure without recovering fully from the first seizure, call for an ambulance.
12. The Matron will administer medicine in the boy's Individual Care Plan in the event of a seizure. The Matron will usually contact the boy's parents immediately.
13. When safe to do so, the pupil will be moved to the Matron's Office to rest/sleep until collected.