

First Aid Policy

Applies to Prep

Reviewed and approved:	Lead Nurse
	November 2024
Next review due:	May 2026



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There is a separate First Aid policy which applies to the Pre-Prep School

First aid is the immediate treatment necessary to preserve life and prevent any further injury until medical assistance arrives at the scene.

The Health and Safety (First-Aid) Regulations 1981 and the amended regulations in 2009, require employers to provide adequate first aid provision for all employees. The employer has the overall responsibility for the implementation of the First Aid Policy.

There is a legal requirement to ensure that the School has adequate first aid provision that is appropriate for the school environment, for sporting activities and trips, and for activities that are undertaken on other trips and visits.

Dragon School is committed to providing appropriate first aid for any child, member of staff or visitor that is taken ill or suffers an injury whilst on the school site or off site as part of a school activity or trip. Dragon School ensures that there are appropriate equipment, facilities and personnel to ensure that their employees receive immediate attention and care if they are injured or taken ill at work.

The Lead Nurse, Designated Safeguarding Lead and the Head of Estates are appointed as the responsible persons to operate the day to day organisation, review and update of this policy on behalf of Dragon School.

This policy should be read alongside the other Dragon Health Centre policies:

- Asthma Policy
- Anaphylaxis Policy
- Burns Policy
- Concussion Policy
- Head Injury Policy
- Infection Control Policy

This policy should also be read alongside the Educational Trips and Visits Policy.

To ensure that Dragon School complies with regulations and follows the Department for Education guidance: 'First Aid in Schools', the School invites all staff to attend first aid awareness training on a three-yearly basis. The first aid awareness training includes asthma care, anaphylaxis and how to use an Auto Adrenaline Injector. Diabetes training and updates are also given as required by the DHC nurse responsible for diabetes. This training ensures that all staff are confident in basic first aid techniques and can rapidly attend to an incident

during term time. We aim to train relevant members of staff (e.g. Houseparents) on Level 3 Emergency First Aid at Work.

There are seven fully qualified registered nurses in the Dragon Health Centre (DHC). The DHC nurses are updated on first aid, anaphylaxis, CPR and defibrillation on a yearly basis. The DHC team receives level 3 emergency first aid at work training on a 3-yearly basis.

THE DRAGON HEALTH CENTRE (DHC)

Dragon School operates a medical centre (DHC) which employs 9 fully trained nurses. This is to ensure that fully registered nurses can give assistance at the Prep site during term time within the Dragon School. The School nurses aim to staff the DHC for 24 hours a day, 7 days a week (term time only). The DHC also employs a nurse assistant / administrator, part time nurse assistant and a DHC BA assistant who are also trained in level 3 emergency first aid at work.

The School also employs a team of registered nurses that we use as bank nurses when the DHC is short staffed. In extreme circumstances the School can also use the Thornbury Nurse Agency who supply registered school bank nurses to cover the DHC in times of nursing staff shortages.

We aim to have at least one Dragon School nurse on the pitch side during sporting fixtures especially on a Wednesday afternoon, Saturday afternoon and for sports day.

The DHC nurses are available to give telephone advice to the staff at the Pre-Prep site and treat any Pre-Prep children at the DHC that are visiting the Prep site.

Parents are informed about the DHC when their child joins the school.

Automated External Defibrillator (AED) and Oxygen

There is an AED and Oxygen located in the reception area of the DHC.

There is also an AED located in the common room.

DHC Closure

In extreme circumstances, for example due to sickness within the nursing team or due to adverse weather conditions, the DHC may have to close.

In these circumstances, the Lead Nurse will liaise with the Head, Human Resources and the Designated Safeguarding Lead to ensure adequate cover is provided.

If a decision is made by the Senior Leadership Team to close the DHC the DHC nurse on duty will send an e-mail to all staff informing them that the DHC will need to close.

Before the duty nurse goes off duty she will inform Dragon School staff of any telephone numbers, for example the Lead Nurse or Director of Safeguarding, who will be available for any telephone advice.

SUMMERTOWN HEALTH CENTRE

All Houseparent's and Boarding Assistants will be informed on how to contact the duty doctor at Summertown Health Centre (01865 515552) during surgery hours if a child is unwell. Information will be given on how to call the out of hours service if a child becomes unwell after 18.00 hours in the evening or at weekends (111).

FIRST AID

First aid is the initial assistance or treatment given to someone who is injured or suddenly taken ill.

The aims of first aid care are to:

- Preserve life.
- Provide first aid treatment where appropriate for all users of the School (with standing provision established for children and staff).
- Provide or seek Secondary Aid, where necessary and appropriate.
- Treat a patient, relatives and others involved with care, compassion and courtesy.
- Promote recovery.
- Comply with the requirement to report to the Health & Safety Executive incidents covered by the RIDDOR regulations.

Objectives:

- To ensure that there are sufficient qualified first aiders available to provide first aid cover during the school day – extended in the case of boarding children (24 hours in term time).
- The Lead Nurse will ensure that the requirement for first aid cover is assessed for the individual needs of any child for example, special health requirements, disabilities etc.
- To ensure that first aid information is readily available and that all users of the Dragon School are aware of the way in which to call for help.
- The Lead Nurse and the Compliance Officer are to maintain a list of qualified first aiders.
- The Lead Nurse is to ensure the timely provision of either in-house or contracted, certificated first aid training.
- To ensure that first aid kits are placed strategically around the School and are replenished termly (responsibility of the DHC nurses); location details are at Appendix 3.

Contents of the first aid kits

- plasters
- gauze
- saline
- bandages

- ice packs (some kits)
- small note book and pen
- gloves

Duties of a first aider

- Respond to a child/adult in need.
- Inform the DHC that assistance is required (telephone or send for help).
- Respond promptly to calls for assistance.
- Assist other first aiders if necessary.
- Summon further help, if necessary, call 9 999 for an ambulance.
- Inform the Lodge if an ambulance has been called.
- Document incidents on a child's iSAMS page.
- Complete injury forms.
- Inform the Head of all serious injuries and if an ambulance has been called to the School.

FIRST AID AWARENESS TRAINING - INSET

Training is delivered by the Lead Nurse and another member of the nursing team. This training will be delivered by either face-to-face training or via zoom.

Information delivered to staff during first aid training:

- The location of the DHC and telephone contact details (extension 511)
- How to summon secondary aid, through DHC or call an ambulance 9 999
- Information the emergency services may request.
 - The procedures for children requiring emergency hospital treatment are contained in Appendix 2.
- When to contact parent/guardian (or appropriate adult).
- Location of first aid kits.
- Location of Health Centre policies on the Dragon School intranet.
- Infection control
 - Inform the cleaning managers that there has been an incident involving blood/vomit so they can deal with it.
- Information required to complete the electronic recording of accidents/incidents on the Dragon School intranet.
 - An electronic record is kept of all accidents and injuries, which forms the basis for our reports when necessary under RIDDOR. The individual records are reviewed regularly by the Senior Leadership Team as well as at the termly meetings of the full Governing Body.

Dragon School recognises that some staff need additional training in line with their role; for example, staff who teach children with diabetes are given additional training and support by our diabetes specialist nurse.

The nurses also provide extra support and training to Houseparent's and Boarding Assistants when needed.

FIRST AID TREATMENT

- Burns
- Concussion
- Cuts and Grazes
- Eye Injuries
- Head Injuries

Burns - Minor

- Any minor burn should be submerged under cold running water for at least 20 minutes. Ice packs should not be used.
- If a running tap water is not available, then bottled water can be applied to the affected area.
- The burn should not be cleaned with cotton wool as this will stick to the burn.
- The child/adult should be assessed at the DHC.

Burns – Larger Burns and Scalds

- Stay calm.
- Assess the severity of the scald or burn.
- Reassure the child.
- Assess how the child is feeling, if they are feeling lightheaded then sit them down.
- Inform the DHC.
- If the child is shocked, then lay them down in the recovery position and dial 9 999.
- Flood the area with cold water or if the affected area of skin is exposed, then submerge this under cold water for at least 20 minutes.
- In the event of a large, scalded area of skin then please do not remove the child's clothing as blistering may have developed and this will remove large areas of skin. Apply cold running water to this area (bottled water can be used to flood the area).
- For larger burns cling film can be applied to the affected area.

Concussion

Concussion occurs when there has been a disturbance to the normal function of the brain without any structural damage occurring. A direct blow, or if the head is shaken after the body has been struck can cause concussion. It is important to recognise that most people who develop concussion may not have been knocked unconscious.

Concussion can affect a child or young person's thinking, memory, mood, behaviour and level of consciousness. Most people who sustain concussion do not require any treatment as they normally get better by themselves, but some people can have the symptoms of concussion for several days, weeks or occasionally they can last longer.

If a diagnosis of concussion has been made by a doctor, the child will not be able to participate in contact sports for at least 3 weeks.

For further guidance on head injuries and concussion please refer to the Dragon School policies located on the school intranet.

Cuts and Grazes - Minor

- Wear gloves.
- Wash the cut or graze in tap water.
- Apply band aid (ensure the child is not allergic to these).
- If the graze was sustained on the astro turf, send the child to the DHC for assessment.

Cuts and Grazes – Major

- Wear gloves.
- Sit the child/adult down.
- Lie them down if they are feeling unwell.
- Apply pressure to the affected area.
- Elevate the affected area if bleeding doesn't stop.
- If the child/adult is feeling well take them to the DHC.
- If the child is feeling faint call the DHC for assistance.

Eye Injuries

- All eye injuries should be assessed by the nurse at the DHC.

Head Injuries

- If a child appears dazed, confused, or appears to lose consciousness it is essential that the DHC nurse assesses them. It is essential that:
 - They do not resume the game or activity in which they were doing.
 - They are taken by a member of staff (preferably who witnessed this injury) to the DHC as soon as possible to be assessed by the nurse.
 - The DHC nurse will apply a red wrist band to the child's wrist to alert to the head injury. Parents will be informed.
 - If there is a risk of a neck injury or if the child/adult feels unwell they must not be moved. Call the DHC so that a nurse can attend the scene.

SUPPORTING CHILDREN AT SCHOOL WITH MEDICAL CONDITIONS

- All staff are informed of children with significant medical conditions throughout the School.
- Arrangements for children with medical conditions, for example asthma and severe allergies are included in our DHC medical policies, which are located on the Dragon School intranet.
- Specific risk assessments are written as required for example, for children with asthma inhalers in school and for children needing to use crutches in school.

- Children with asthma have a medical alert on their medical ISAMS page. Photo lists of these children are updated and sent out to all staff on a regular basis but at least each term.
- Children with diabetes have a medical alert on their medical ISAMS page. Photo lists of these children are updated, sent out to all staff on a regular basis but at least each term. These children have specific care plans and risk assessments written in conjunction with their parents and their specialist health care professionals.
- Children who require Auto Adrenaline Injectors have medical alerts on their medical iSAMS page. Lists of these children are updated and sent out to all staff on a regular basis but at least each term.
 - Auto Adrenaline Injectors are in specific areas. The location of these is shown in Appendix 3.
 - Individual care plans, risk assessments and policies are written when needed in consultation with the parents and relevant medical professionals.

Treatment of children with medical conditions

- Asthma
- Anaphylaxis
- Diabetes
- Epilepsy
- Food Allergies and Intolerances

Asthma

For more detailed instructions on how to treat a child with asthma, please see the Notes for the Treatment and Care of Children with Asthma (Appendix 4)

Asthma is recognised as a common childhood condition. Children with this condition are not to be excluded from school and should be encouraged to participate in all aspects of school life to develop their potential. Dragon School is aware that we have several children with asthma within our school community.

Parents are responsible for informing the Dragon Health Centre if their child suffers from this condition. The child's parents should provide information of asthma triggers and treatment. All children should always carry their reliever inhaler (Blue) and spacer with them (these must have the child's name clearly written on them).

Boarders with asthma:

- It is the responsibility of the child's Houseparent's and Boarding Assistants to ensure that children in their care always have their reliever inhaler and spacer with them. The child's name should be clearly written on the inhaler and spacer.

- The Houseparent's and Boarding Assistants will request repeat prescriptions for new asthma inhalers from the nurses at the DHC.
- The Houseparent's and Boarding Assistants will ensure that the children in their care have enough asthma inhalers for the school holidays.

Day children with asthma:

- It is the responsibility of the parents of day children to ensure that their child arrives in school with their reliever inhaler and spacer (these must clearly have their child's name written on them).

Asthma emergency guidelines for all Dragon School staff

In an asthma attack the airways narrow, the muscles of the airways go into spasm and the linings of the airways swell. The person will experience a tightness in their chest and their breathing will become difficult.

Treating an Asthma Attack

- Stay calm.
- Sit the child /adult down in an upright position (some may find it helpful to lean forward) and try to reassure them.
- Loosen any tight clothing.
- Ensure a responsible adult stays with them.
- Get another adult to call for DHC (extension 511), request that a nurse attend the scene. Inform the nurse that a child/adult is having a severe asthma attack and requires immediate action.
- Administer 2 (separate) puffs of their reliever inhaler (blue) via their spacer device (if this is not available then the DHC nurse will administer this). If this is not effective, then administer up to 10 separate puffs of this inhaler .
- Encourage them to breathe slowly and deeply.
- Call 9 999 if there is no improvement in symptoms; continue to administer the reliever inhaler (1 puff per minute) until help arrives.
- Do not cuddle the child.

Food allergies and intolerances

- We aim for Dragon School to be a nut free school. We request that parents do not send in nuts, or any food obviously containing nuts in their child's break-time snacks, treats for birthdays or in their packed lunches on school trips. However, the School cannot guarantee that food brought in to School has not been made in a factory that uses nut ingredients or there are nuts somewhere in the supply chain. If there is any doubt, treats brought into School are not shared.
- Parents will inform the DHC if their child suffers from a food allergy or intolerance.
- Parents will complete the relevant documents .

- The nurse responsible for food allergies and dietary requirements will update the child's medical ISAMS page and update the photo lists, the photo lists will be sent to the relevant members of staff.
- The school kitchen is informed, and a photographic list of all special diets is displayed in the kitchen area.
- Photo lists are sent to staff at least termly or as required.
- Parents are encouraged to liaise with the DHC staff to discuss any dietary issues.
- Medical information from the child's doctor or specialist will be required.

Anaphylaxis

Anaphylaxis is a sudden catastrophic allergic reaction involving the whole body. It generally affects the respiratory system; the heart and circulation may fail if treatment is not given immediately; without this treatment the child/adult could die. Anaphylaxis occurs when the effected person's body is exposed to an allergen for example, nuts, dairy products or eggs.

Signs and symptoms of anaphylaxis include (not all may be present)

Mild symptoms:

- Itching
- Swelling in the mouth
- Vomiting
- Hives/rash
- Abdominal pain
- Wheezing



Moderate to severe symptoms:

- Any/all of the above mild symptoms
- Difficulty in breathing
- Fainting
- Floppiness
- Collapse

Treatment for mild anaphylaxis

- Reassure the child/adult
- Follow the child's treatment plan

Treatment for severe anaphylaxis

- Stay calm
- Stay with the child/adult, do not leave them alone.
- Lie the child /adult down.
- Get someone to collect the Auto Adrenaline Injector pack:
 - **SPORTS OFFICE** for E to A Block during school hours.
 - **BOARDING HOUSE** for boarders.

- **DHC Spare Auto Adrenaline Injectors.**
- Call 999 and ask for an ambulance
 - State that the child is having anaphylaxis.
 - State the address of your location.
 - Send someone to meet the ambulance.
- Call the DHC and state child is having anaphylaxis.
- GIVE THE AUTO ADRENALINE INJECTOR.

How the Auto Adrenaline Injector works

An Auto Adrenaline Injector contains Adrenaline. Adrenaline:

- Reduces throat swelling
- Opens the airways
- Maintains heart function and blood pressure
- Has an antihistamine effect

Auto Adrenaline Injector Locations, Information and Training

Each child in school has an Auto Adrenaline Injector pack containing two Auto Adrenaline Injectors (colour according to their weight) they will also have a specific allergy action plan as shown below

THE DIFFERENT AUTO ADRENALINE INJECTOR BRANDS

EpiPen

There are two different strengths of Auto Adrenaline Injector

150mcg (green)

300mcg (yellow)



- Pull off blue safety cap *“blue to sky”*
- Grasp Auto Adrenaline Injector in dominant hand. *“orange to thigh”*
- From about 10-15 cm, using a pendulum action, jab firmly into upper outer thigh, through clothing if necessary.
- Listen for the click
 - If you are unsure, push harder
 - Do not remove as if it has it will re sheath
- Hold in place for 3 seconds. Count out loud.
- Remove Auto Adrenaline Injector and put safely out of reach

- Massage injection area for 10 seconds
- Write down the time the injection was given
- If no improvement after 5 minutes, give the second Auto Adrenaline Injector (into the other leg) and note time given.
- Give used Auto Adrenaline Injector(s) to ambulance crew for safe disposal
- **EpiPen Administration Video:** <http://www.epipen.co.uk/demonstrationvideo/>

Emerade

We use two different strengths of Auto Adrenaline Injector (opposite colours to EpiPen)

150mcg (yellow)

300mcg (green)



- Remove needle shield
- Grasp Emerade in dominant hand.
- Press firmly into upper outer thigh, through clothing if necessary.
- Listen for the click
- Hold in place for 5 seconds. Count out loud.
- Remove Auto Adrenaline Injector and put safely out of reach
- Massage injection area
- Write down the time the injection was given
- If no improvement after 5 minutes, give the second Emerade (into the other leg) and note time given.
- Give used Emerade(s) to ambulance crew for safe disposal

- **Emerade**

Administration

Video:

<https://emeradedev.blob.core.windows.net/downloads/Video2.mp4>

Jext Pen

We use two different strengths of Auto Adrenaline Injector

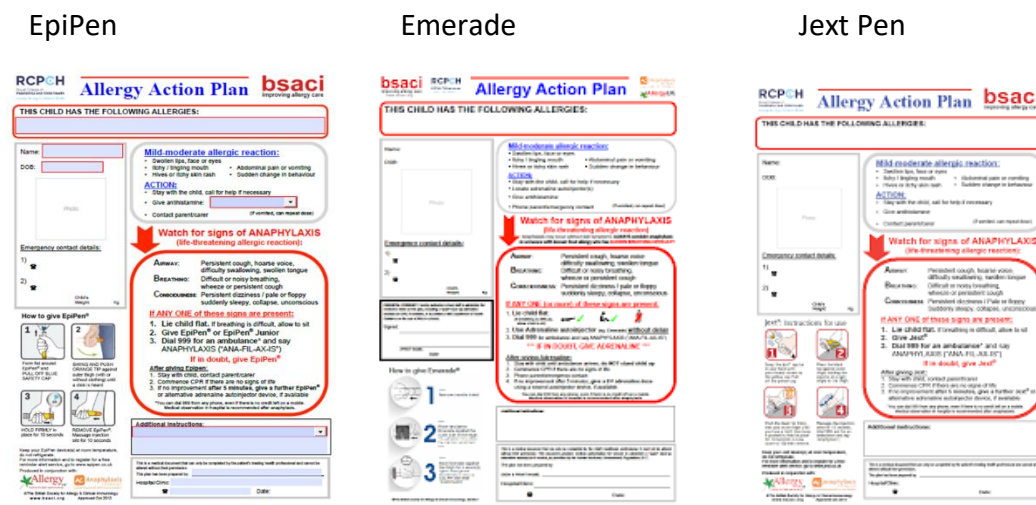
150mcg (yellow) 300mcg (Red)



- Grasp the Jext injector in your dominant hand (the one you use to write with) with your thumb closest to the yellow cap.
- Pull off the yellow cap with your other hand.
- Place the black injector tip against your outer thigh, holding the injector at a right angle (approx 90°) to the thigh
- 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 (Count out loud.) then remove.
- The black tip will extend automatically and hide the needle.
- Massage the injection area for 10 seconds.
- Write down the time the injection was given

- If no improvement after 5 minutes, give the second Jext (into the other leg) and note time given.
- Give used Jext Pens(s) to ambulance crew for safe disposal
- **Jext Administration Video:** <https://www.youtube.com/watch?v=R1dDtc5ecl>

BRAND SPECIFIC AUTO ADRENALINE INJECTOR ALLERGY ACTION PLANS



- All staff are given regular Auto Adrenaline Injector training (at least 3 yearly or more frequently if required) by a DHC nurse.
- Class Teachers and all other staff are made aware of all of the children in school who have a serious allergic reaction. This is detailed on their iSAMS page.
- Lists are sent out at the start of each term, which include the child's name and photograph, if they are a day or boarding child, their allergy and the colour of their Auto Adrenaline Injector.

Diabetes

We currently do not have any children in school with diabetes.

The information below is what we follow when we do have children in school with diabetes.

Parents of this child are responsible for:

- Providing diabetes equipment for their child in school.

- Providing a detailed health care plan that will be drawn up for the child in conjunction with the Paediatric Diabetes Specialist Nurse and the John Radcliffe Hospital describing daily routines for the child's management of their diabetes

Staff are responsible for:

- Attending diabetes training sessions and updates.
- Gaining knowledge on signs and symptoms of hypoglycaemia / hyperglycaemia
- Understanding treatment decisions.
- Being aware of locations of hypo boxes situated for these children around the School (documented on the School map).
- Being alert to signs and symptoms of a hypoglycaemic/hyperglycaemic episodes and managing this as per the child's care plan.
- Knowing when to get further help and assistance.
- Calling the DHC nurse immediately if there are any concerns about the child.
- Depending on the child's age, the Tutor or trained member of staff is responsible for sitting with the child during lunch, supervising pre-meal blood glucose levels/insulin delivery and monitoring what the child has eaten.
- For children with Type 1 Diabetes, specific members of school staff will be trained in supervising pre-meal blood glucose readings, calculating carbohydrate intake at lunch, and supervising insulin delivery in accordance with the child's care plan

Hypoglycaemia (Low blood glucose level)

Signs and symptoms:

- Deteriorating levels of behaviour or response
- Sweaty, cold or clammy skin
- Feeling hungry
- Weakness or faintness
- Pallor, sweating or clammy skin
- Drowsiness or confusion
- Nausea
- Shallow breathing
- Irritable or aggressive behaviour
- Treatment

Treatment of Hypoglycaemia:

- Aim is to raise the blood glucose levels as soon as possible
- Wash hands with soap and water (or use dia-wipe as per child's care plan) and dry hands well.
- Blood glucose readings should be supervised or be taken and recorded by a trained member of staff.

Treatment of **Mild** Hypoglycaemia:

- If the child is alert and conscious then glucose tablets will be given, according to their care plan.
- Blood glucose level should be checked after 15 minutes (after the child has washed their hand or cleaned their finger)

Treatment of **Moderate** Hypoglycaemia:

- If the child is drowsy then glucogel will be administered into the inside of both cheeks in accordance with their care plan.
- Once the child is able to take glucose tablets follow mild hypoglycaemia guidelines

Treatment of **Severe** Hypoglycaemia (Unconscious or fitting):

- Stay calm
- Place child in the recovery position
- Maintain child's airway
- Stay with the child
- Call 999 state child having a severe hypoglycaemia and give the age of the child
- Call the DHC

Hyperglycaemia (High blood glucose level)

Signs and symptoms:

- Thirst
- Greater need to go to the toilet
- Tiredness and weight loss.
- Blood glucose reading of >14mmol/l

Treatment of Hyperglycaemia:

- The child should attend the DHC in accordance with the care plan.
- If the child is unwell, vomiting, or giving off a smell of acetone the child needs urgent medical attention.
- DHC or the member of staff assisting the child should inform parents.

Epilepsy / Seizure (convulsion or fit)

This condition is due to a disturbance in the electrical activity of the brain. It consists of involuntary contraction of many of the muscles in the body. Seizures can result in the loss of consciousness.

Seizures can be caused by:

- Epilepsy
- Head injury
- The consumption of too much alcohol or drugs

Signs and symptoms of epilepsy:

- They may become rigid, arching of the back
- Involuntary movements of limbs
- May fall to the floor
- May let out a cry
- Clenched jaw
- Noisy breathing
- May be a loss of continence

Aims of treatment:

- To protect the child / adult from injury
- Give care and support when consciousness is regained

Treatment for epilepsy:

- Inform the DHC nurse
- Do not restrain the child/adult
- Ensure that the area around the child/adult is safe

SCHOOL TRIPS

First aid should form part of the trip risk assessment. A nominated member of staff will be allocated as the responsible person for first aid / medical provisions.

The allocated member of staff should:

- Liaise with the DHC lead nurse and DHC team in advance of the school trip to gain further medical information regarding the children who are going on the trip.
- Member of staff to do a trip list on medical ISAMS.
- In advance of the trip gain any necessary medical training / information regarding each child. Request training with the DHC nurse if required.
 - Care plans and risk assessments will be completed as needed.
- Ensure all children with asthma have their bronchodilator inhaler and spacer with them whilst on the school trip.
- Ensure appropriately trained members of staff accompany children with diabetes on all school trips. Member of staff should liaise with parents.
 - The allocated member of staff should ensure that the child with diabetes has their bag containing their diabetic medical supplies and equipment with them before the trip departs.
- Ensure all children who require an Auto Adrenaline Injector have their Auto Adrenaline Injector with them whilst attending the school trip. Collect boarders auto Adrenaline injectors from the Sports Office, sign them out then sign them back in following the trip.
- Request first aid kits.
 - They will be collected from the DHC before the trip departs.
- Be competent in how to call for medical help whilst on any school trips.

- Record details of any accidents or incidents in the notebook provided in the first aid bag taken on the trip.
 - Inform the DHC duty nurse of this accident/incident on returning from the trip.
 - Inform the Head of any serious accidents or incidents.

OUT OF SCHOOL GAMES FIXTURES

- First aid kits should be taken on all outside game's fixtures, the sports office have their own supply, additional ones can be sourced from the DHC.
- All children with asthma should have their bronchodilator inhaler and spacer with them.
- Medical kits for the children with diabetes should be collected on the day of the out of school games fixture from the DHC.
- All children who require an Auto Adrenaline Injector should have their Auto Adrenaline Injector with them whilst attending the out of school games fixture (collect from the Sports Office and sign them in and out).
- Members of staff are responsible for keeping themselves updated on the medical needs of a child and to be familiar with the child's care plan or risk assessment.

APPENDIX 1 – TRAINED FIRST AIDERS

DHC TEAM

The DHC nurses and team are all trained in level 3 Emergency First Aid at Work which includes, CPR, anaphylaxis, defibrillation and use of oxygen.

Lead Nurse: Christine Wheeler

School Nurses:

- Emily Woodley
- Sue Dade
- Nicola Ward
- Shamim Shah-Gallardo
- Sam Ward
- Catherine Carpenter
- Miranda Holdship
- Natalie Purchase Rathbone

DHC Nurse assistant/Administrator Alona Saienko

DHC nurse assistant Katie Maddern

BA DHC assistant.

ADDITIONAL FIRST AID TRAINED STAFF

A full list of trained first aid staff is available here:

<https://dragonschool.box.com/v/document237PDF>

GENERAL STAFF

A non-certificated, 'local' first aid course tailored to the School's needs is delivered by the Lead Nurse and nurse responsible for anaphylaxis and AAls in School. This session is offered to all new members of staff and then on a 3-yearly basis.

This session provides familiarisation in:

- Anaphylaxis, including the administration of Auto Adrenaline Injectors
- Asthma
- Bruises/soft tissue injuries
- Burns (all types)
- Choking
- Cuts/wounds
- Diabetes
- Faints
- Head injuries/Concussion

- Sprains/strains
- Seizures
- Care and management of faints/unconscious patient
- How to call an ambulance

APPENDIX 2 - CHILDREN REQUIRING HOSPITAL ASSESSMENT, TREATMENT AND CALLING AN AMBULANCE

Occasionally children will require hospital treatment; this can be either minor or major treatment. The first choice of hospital for Dragon School is the John Radcliffe Hospital, although Witney Hospital can deal with minor injuries, including fractures.

MINOR INJURIES AND ILLNESSES

These can include lacerations requiring suturing, (providing they are not bleeding profusely), un-complicated fractures and dislocations, mild concussion, strains and sprains and routine x-rays. The Abingdon Hospital minor injuries can deal with these sorts of injuries.

Day children:

- Stay calm
- Reassure and assess the patient
- Ensure the patient is comfortable
- Contact the parents and advise them to take the child to the hospital.
- Give the parents a "guidelines trip to the JR" leaflet and complete:
 - the child's name
 - date of birth
 - type/cause of illness/injury
 - when the child last ate and drank
 - any relevant medical history i.e. asthma and any allergies.
- Once the child has left the school premises, inform the relevant members of staff by sending an e slip.
- Inform the head.
- Complete an injury form

Boarders:

- Stay calm
- Reassure and assess the patient
- Ensure the patient is comfortable
- Contact the relevant Houseparent's and arrange an escort (aged over 21) to go with the child to the hospital.
- Establish who will contact the parents.
- If a taxi is needed, call the taxi company and arrange an immediate, pick up from DHC, giving the School account number.
- Give the Houseparent or Boarding Assistant (aged over 21) a "guidelines trip to the JR" leaflet and complete:
 - the child's name
 - date of birth
 - type/cause of illness/injury

- when the child last ate and drank
- any relevant medical history i.e. asthma and any allergies.
- Once the child has left the School premises, inform the relevant staff by sending an e-slip.
- Inform the head.
- Complete an injury form.
- If the medical issue is urgent or if a 999 ambulance is called then a Houseparent will go to the hospital with the boarder. It may be necessary for the Houseparent to stay with the child if they are admitted overnight,

MAJOR INJURIES AND ILLNESSES

These can include life or limb threatening injuries including severe bleeding, decreased level of consciousness, traumatic amputations, fitting, significant head injuries, difficulty in breathing from asthma or other respiratory infections and anaphylactic reactions.

Day and Boarding children:

- Stay calm
- Reassure and assess the patient
- Send for help (call other boarding houses for help if needed, if in the DHC alone)
- Stabilize the patient
- If unconscious place in the recovery position
- Dial 9 999 and request an ambulance. Give clear details including:
 - your own name and title
 - name of the patient and injury sustained
 - state whether conscious or not.
 - address and exact location of the patient.
 - Main site post code OX2 6SS. DHC Health Centre OX2 6SY.
- A member of staff who was present at the time of the incident will be responsible for contacting the child's parents.
- If the child is a Boarder contact the Houseparent's. A Houseparent will need to go to the hospital with the boarder. It may be necessary for the Houseparent to stay with the child if they are admitted overnight,
 - Inform the School Office on Ext. 402 that an ambulance has been called to the School.
 - Inform the Director of Safeguarding.
 - E-mail the Head.

Day children:

- If you have been called to a child by a member of staff, ask the staff member to contact the parents and establish if the parents will come to the School first (some live very locally and may arrive before the ambulance) or go straight to the John Radcliffe Infirmary (JR).

- If the parents decide to go straight to the JR, someone must escort the child in the ambulance. This can be an assistant teacher (AT) or staff member.
- Once the child has left the school premises, inform the School Office on Ext. 402 or send an e slip.
- Complete an injury form (if it was an accident).
- Inform the Head.

Boarders:

- Ask an attending member of staff to contact the relevant Houseparent's and inform them of what has happened.
- Arrange an escort to go with the child to the hospital. This should be a Houseparent. It may be necessary for the Houseparent to stay with the child if they are admitted overnight.
- The duty nurse or nominated member of staff will contact the pupil's parent.
- Once the child has left the school premises, inform the School Office on Ext. 402 or send an e slip.
- Ensure all relevant forms are completed
 - An injury form should be completed by a member of staff who witnessed the incident that caused the injury.
 - All accidents and injuries are recorded (injury forms) and parents are informed in a timely manner.
- Inform the Head about any significant injuries, if a child needs to attend the hospital for any suspected fractures, or when an ambulance is called to the school.
- Inform the Head of the outcome of hospital visits to the A+E department and after an ambulance is called.

Records are kept and are reviewed by the Senior Leadership Team and Governors to:

- Act to avoid, where possible, repeat accidents.
- Ensure that statutory reporting to the HSE (RIDDOR) is taken when appropriate.

Dragon School will notify local child protection agencies of any serious accident or serious injury to, or the death of, any child whilst in their care and act on any advice given.

APPENDIX 3 - LOCATIONS OF FIRST AID KITS AND AUTO ADRENALINE INJECTORS

An up-to-date map showing the locations of first aid kits and Auto Adrenaline Injectors is available here:

[medical map 2024 autumn \(new music school\)](#)

APPENDIX 4 – TREATMENT AND CARE OF CHILDREN WITH ASTHMA

Asthma is an inflammatory condition where the bronchioles (airways) become swollen and irritable. The airways become narrow, this narrowing or obstruction of the airways causes difficulty in breathing. Asthma is one of the most common long-term medical conditions and around 1.1 million children in the UK have asthma.

When a person with asthma encounters something that irritates the airways (an asthma trigger), the muscle around the walls of the airways tightens, the airways become narrower, the lining of the airways become inflamed and start to swell. Sometimes sticky mucous or phlegm builds up which can also cause narrowing of the airways.

The most common triggers are viruses and allergens (for example dust and pollen). All of these reactions cause the airways to become narrower and irritated, this makes it more difficult to breathe and can lead to symptoms of asthma. The School positively welcomes all children with asthma and ensures they can fully participate in all aspects of school life.

SYMPTOMS

Common asthma symptoms include:

- A tight chest
- Wheezing
- Coughing
- Feeling breathless
- Nighttime cough (especially in children)
- Attacks triggered by exercise, exposure to allergens and other triggers

Not everyone with asthma will get all these symptoms. Some people experience them occasionally but there are a few people who will get them from time to time.

The affected person may be distressed and anxious, and in severe attacks their skin and lips may turn blue.

COMMON TRIGGERS

- Illness including coughs, common colds and chest infections
- Allergens
- Exercise
- Emotional factors
- Animals including cats and dogs
- Some food and drinks
- Weather conditions

The severity of asthma can vary from mild to severe and its occurrence can be episodic. This means that children can be well for long periods of time and then have severe relapses.

The major principle behind this policy is immediate access for all children to reliever medication. Therefore, all children in school should have access to a reliever medication.

Day children should have in their bags their reliever inhaler (normally blue) and spacers clearly marked with their names written on it. It is the parent or guardian's responsibility to provide the correct, in date reliever inhaler and spacer.

Boarders should always have their salbutamol inhaler and spacer with them.

Reliever inhalers should be taken to all sporting activities, away games and school trips.

All staff supervising excursions and school trips and away games fixtures should be aware of the medical needs of the children involved and emergency procedures. Staff should check if the children with Asthma have their reliever and spacer before they leave the School.

It is important that all known asthmatics have immediate access to their inhalers and that the children know how to use their inhalers.

- The day children should be taught by their doctor or nurse, parents should ensure that they have a yearly review of their asthma.
- The asthma trained nurse at the DHC will teach the boarding children how to use their inhalers and give the appropriate training to staff.

The only asthma inhaler required for day children in school is a reliever inhaler (blue). Boarding school children will have their necessary inhalers in their boarding houses; they will only need their reliever inhaler (blue) and spacer during the day.

RECORD KEEPING

At the beginning of the school year or when a child joins the School, parents or guardians are asked to provide medical information about their child (stating the severity of the child's asthma, triggers and the name of the medication).

The DHC trained asthma nurse will then keep a record of all the boarders who have asthma. These boarders will have an asthma review with the asthma nurse when they arrive at the School.

All staff in the School should be aware of this asthma policy and should be able to recognise the symptoms of an asthma attack and take the appropriate action.

TREATING AN ASTHMA ATTACK

- Sit the child /adult down in an upright position (some may find it helpful to lean forward) and try to reassure them.
- Loosen any tight clothing
- Ensure a responsible adult stays with them.
- Ask another adult to call for the DHC nurse to attend on 315511.
 - Inform the nurse that a child is having a severe asthma attack and requires immediate action.

- Administer 2 (separate) puffs of their reliever inhaler (blue) via their spacer device (if this is not available then the DHC nurse will administer this).
 - If this is not effective then up to 10 separate puffs of this inhaler can be administered.
- Call (9) 999 if there is no improvement in symptoms; continue to administer the reliever inhaler (1 puff per minute) until help arrives.
- Do not cuddle the child.

TREATING ASTHMA

There is no current cure for asthma, but appropriate use of asthma medication can:

- Control or abolish symptoms for most asthma patients.

This enables them to have a normal life. The best way for people to take their asthma medication is to inhale them directly into the lungs. Treatment is based on two important goals:

- Relieving symptoms
- Preventing future symptoms and attacks from developing

ASTHMA INHALERS

Bronchodilators (Relievers, Blue Inhalers)

- Everyone with asthma should have a reliever inhaler (broncho-dilator)
- Reliever inhalers are normally blue (known as Salbutamol, Ventolin, and bricanyl).
- Relievers are medicines (inhalers) that are taken immediately (2 separate puffs when required) to relieve asthma symptoms. They quickly relax the smooth muscles surrounding the narrowed airways. The narrowed airways open wider which makes it easier to breathe again.
- In acute severe asthma high doses of a reliever can be given by a spacer (10 individual puffs) or in some instances a nebuliser machine which delivers salbutamol in solution (normally given in hospitals).

Preventer Inhalers

Preventer inhalers (steroid inhalers) are normally brown, the most common ones are Clenil modulite, Beclomethasone and Becotide. These inhalers control the swelling and the inflammation in the airways which in turn stops them from being so irritable and reduces the risks of an asthma attack. To work efficiently preventer inhalers are usually taken twice a day even when the person is feeling well. Most children will take this via a spacer device (Volumatic, aero chamber and able spacer).

Day children will take this inhaler at home and boarders will take this in their school house.

HOW TO USE THE INHALER AND SPACER

- Remove the cap from the end of the blue inhaler
- Shake the blue inhaler
- Place the inhaler in the end of the spacer device
- Get the child to breathe out then place his/her mouth round the mouthpiece
- Press the end of the canister once
- Ask the child to take a deep breath in and then out (slowly up to 5 times)
- Remove their mouth from the mouthpiece, take a breath out then repeat the steps above one more time

CARE PLANS

Some children with moderate to severe asthma will need an individual care plan. These should identify the severity of a child's asthma, record the individual symptoms, particular triggers and medication needed.

Day Children

It is the parents/guardian's responsibility to provide a detailed health care plan that will be drawn up for the child in conjunction with the child's general practitioner and specialist nurse and doctor.

Boarding Children

The Lead Nurse will be responsible for providing a detailed health care plan and supplementary information will also be provided by the parents and the child's doctor.

Individual risk assessments are completed, if required.