# First-Aid Policy

Last revised: November 2020
including COVID 19 Annex

## Contents



## Policy Statement

This is a whole school policy and applies to all members of Lyndhurst School including Early Years.

Health and Safety legislation places duties on employers for the health and safety of their employees and anyone else on the premises. In Lyndhurst School, this includes responsibility for the Headmaster and teachers, non-teaching staff, pupils and visitors (including contractors). This policy is produced with respect to the Health and Safety at Work etc. Act 1974 and with reference to the DfE *Guidance on First Aid for Schools (February 2014).*

## Associated Documents and Policies

- Health and Safety Policy
- Early Years Policy Being Healthy
- Fire Risk Prevention and Fire Evacuation Procedures Policy
- Supporting children with medical needs and administration of medicines in school
- *DfE Guidance on First Aid for Schools (February 2014)*
- *First aid at work*
- *The Health and Safety (First-Aid) Regulations 1981 - First-aid needs assessment case studies*
- HSE guidance: Incident Reporting in Schools (accidents, diseases and dangerous occurrences (October 2013)

## Responsibilities

13 The Directors and Governors are responsible for

- ensuring that first aid is administered in a timely and competent manner by the drawing up and effective implementation of a written first aid policy.

The Headmaster is responsible for:

- putting this policy into practice for developing detailed procedures
- making sure that parents are aware of the school's health and safety policy, including arrangements for first aid
- reviewing the school's first-aid needs annually, and after any changes, to ensure provision is adequate
- making sure the numbers of trained first-aiders is adequate.

The Bursar is responsible for:

- reviewing the School's First Aid Policy
- reviewing the operation of the First Aid Policy to determine any changes that might be required to the School's First Aid provision
- maintaining records of accidents and making reports under RIDDOR where approrpriate

Teachers are responsible for:

- ensuring that First Aid kits are taken on all home/away matches and also during practice sessions
- restocking First Aid kits on an ongoing basis, in liaison with the School Bursar (who will stock the kits at the start of each term and provide supplies for restocking).
- ensuring that they have collected pupils medical information for trips, trips medical bag and any other medication for pupils who require them

- liaising with the School secretary to ensure that they have up-to-date awareness and knowledge of the medical needs of pupils
- familiarising themselves with the details of pupils with medical needs and pupils who could require First Aid due to medical conditions such as severe asthma, epilepsy and diabetes;
- understanding that in general the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

## First Aiders and First Aid Leads

A sufficient number of staff hold a valid certificate for first aid, these qualifications are renewed every three years and online refresher training is conducted annually via our Health & Safety system (Handsam). The training provider must follow HSE guidelines.

In addition, all Early Years staff have a 2-day paediatric first aid certificate. At least one person who holds a current paediatric first aid certificate is on the premises and available at all times when children are present and will accompany Early Years pupils when they are on outings. Details of these training courses and renewal dates are attached as an appendix to this document.

The first-aiders main duties are to:

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school
- When necessary, ensure that an ambulance or other professional help is called.

The First Aid Leads will be the main point of contact for first aid within the school and will also administer medicines. The First Aid leads are Mrs Kris Lawrence and Mrs Carly Alder

## Training

A first aider **must** hold a valid certificate of competence. The employer should arrange appropriate training for their first aiders and appointed persons. Training organisations will tailor courses specifically to school needs. *Selecting a First Aid Training Provider: A Guide for Employers*, provided by the HSE, includes a checklist for employers to evaluate the competence of a first aid training organisation. Some elements of first aid training for the workplace can now be delivered digitally. This is known as blended learning and is an accepted means by which workplace first-aid training can be delivered. It is important that you conduct the necessary additional checks (due diligence) to decide if this method is suitable. This means you should make sure you are satisfied that:

- The individual being trained knows how to use the technology that delivers the training;

- The training provider has an adequate means of supporting the individual during their training;
- The training provider has a robust system in place to prevent identity fraud;
- Sufficient time is allocated to classroom-based learning and assessment of the practical elements of the syllabus;
- The provider has an appropriate means of assessing the e-learning component of the training; and
- The HSE strongly recommends that practical elements of the course should be assessed by direct observation, to ensure the competence of candidates.

The Health and Safety Executive will revise their guidance *Selecting a First Aid Training Provider: A Guide for Employers* accordingly in time, and detail which elements must remain classroom based and what digital training is certified.

## Appointed Persons

The Bursar, Miss Monika Balazsova, is the appointed person on site.

An appointed person is not necessarily a first-aider, they do not give first aid treatment for which they have not been trained.

The appointed person's main duties are to:

- Look after the first-aid equipment e.g. restocking the first-aid container,
- Ensure that an ambulance or other professional medical help is summoned when appropriate.

However, the appointed person at Lyndhurst School will have had emergency first aid training covering the following:

- What to do in an emergency
- Cardiopulmonary resuscitation
- First aid for the unconscious casualty
- First aid for the wounded or bleeding.

## Providing information

Statutory First-aid notices will be displayed in prominent places, including in the staff room. Other prominent notices around the school include where the nearest First Aid box can be found.

Each classroom has a sign to indicate where each first aid box should be kept and will also display who currently holds a first aid certificate along with where the Accident Book can be found.

Our Health and Safety policy is updated annually, emailed to staff and saved on a shared drive which is accessible to all staff.

## First Aid Kits

All First-Aid containers are marked with a white cross on a green background.

The appointed person will conduct monthly checks to ensure all first aid boxes are well stocked.

On-site First Aid Boxes:

Sports First Aid Bags:

- To go off site and all sporting areas

## First Aid Accommodation

*24* The school's first-aid room, which has a washing facility, bed and is near to a toilet, allows for the medical examination and treatment of pupils and for the short-term care of sick and injured pupils

## Information

All new staff receive information during their induction programme on how to obtain First Aid assistance. This includes:

- location of the First Aid Room;
- the procedure for dealing with an emergency
- where to access the names of qualified First Aiders and appointed persons;
- the location of the First Aid kits;
- how and when to call an ambulance; and
- where to access a current copy of this policy.

## Training

First Aid training is organised by the School Bursar with responsibility for staff training. A list of staff trained in First Aid, and their level of qualification is available on the school Site Share Drive.

**A qualified First Aider** is someone who holds a valid certificate of competence in First Aid at Work (FAW). These qualifications expire after a period of three years and must be renewed. Regular annual update courses are provided for staff.

**An Emergency First Aider** is someone who has attended a minimum of 4 hours First Aid training (renewable every three years) and is competent to give emergency aid until further qualified help arrives.

Additional training for other medical conditions for example; use of Adrenaline Auto- Injectors, Asthma inhalers and education regarding Diabetes or Epilepsy is provided by external trainers when necessary. Staff can also find further information on these conditions in the Appendices.

## Administering and Recording First Aid

Any minor incidents dealt with in situ (e.g. on the playground, at the sports field) shall be recorded in the minor injuries book kept within the first aid bag. More major incidents or incidents which may require monitoring, such as head bumps **MUST** be reported to a First Aid Lead.

Any child who is unwell in school is assessed by Class Teacher and a First Aid Lead and, if necessary, arrangements made for child to be collected by parents. Details will be recorded as before. The child is booked “Off Premises” on the gate register and on HUB

Head injuries **MUST** be recorded on HUB. The child is given a sticker given to wear during the school day. A parent or guardian must be informed by telephone at the time of the accident and will be emailed a head injury advice sheet on the day, as soon as practical after the event.

The School Bursar will decide whether an accident or incident requires a supplementary accident form to be completed or an investigation to discover the root causes so as to prevent a recurrence or for disciplinary or insurance purposes. All accidents or incidents that are reportable under RIDDOR (see below) will be investigated and a record of the investigation kept by the School Bursar.

Significant injuries to school employees and visitors must be recorded in the **Accident Book** and records kept as instructed in the book. This accident book is kept on the main reception desk.

## Hygiene Procedures for Dealing with the Spillage of Body Fluids

All staff dealing with a biohazard spill are to:

• wear appropriate PPE

• take precautions so as not to come into contact with blood or body fluids, wet or dry, either on themselves, their clothing or protective equipment. In particular blood or body fluids reaching the eyes or the areas inside the mouth and nose should be avoided.

• use the Body Fluid Disposal Kits located in the First Aid room or Early Years

• place all soiled paper towel and gloves into a yellow clinical waste bag to dispose of in an approved manner

• wash hands, including arms to the elbow, with warm water and soap immediately after every clean-up of blood or body fluid. This should be performed even if gloves have been worn.

• wash all areas that have come into contact with blood.

## Medicines in School

A First Aid Lead will administer any prescription medicines which are due within the school day, only on receipt of written instructions from parents. **Medications must be brought into school in their original container**, as dispensed by a pharmacist, labelled with the child's name. They must include instructions for administration, dosage and storage, as well as possible side effects.

Medicines will be returned to parents at the end of the prescribed period or school year, whichever is sooner, and new forms will be required if administration is to be continued.

Medicines are located in the locked first-aid cupboard in the kitchenette or stored in a separate fridge to which pupils have no access.

Age appropriate paracetamol e.g. Calpol may also be administered by a First Aid Lead, general written permission will be obtained annually and office staff must check with a parent on the day before administering.

Inhalers are generally kept in the child's possession for use as required, though spare ones may be left with a teacher or the school office.

Epipens should be carried by the child in designated carrier, and spare one kept in the First Aid Store. Epipens must be taken for all off-site education, including to the games field and swimming pool.

Any medicine administered is recorded on HUB.

## Early Years

Details of specific arrangements for First Aid for Early Years, including procedures for responding to Early Years children who are ill or infectious and administration of medicines can be found in the Early Years policy: Being Healthy.

## Medical Records/Allergy Information

Medical information given by parents, is stored in child's file (HUB) in School. A copy of this is available to all staff. This information together with contact details, is carried on school trips and away matches.

Allergy information is available to all staff.

## Arrangements for off-site activities/trips

A suitable first-aid container must be taken on all trips / lessons occurring off site. In case of minor injuries, the staff accompanying the children will administer basic first aid and record the incident on the form in the first aid container, to be copied on to HUB on return to school by the First Aid Lead.

In case of more serious incidents, one member of staff will stay with the injured child at all times. A second member of staff will stay with the other children. If necessary, the appropriate emergency services will be called. As soon as is practicable and safe the school will be informed who will contact the child's parents. Staff will carry the school (or approved personal) mobile phone for emergency contact.

The School Secretary will supply a copy of the children's medical forms to be carried on all trips.and off site activities.

Additional information about off-site activities / trips can be found in the **Educational Visits Policy.**

## Procedure in the Event of an Accident or Injury

Each classroom contains a laminated red triangle. To summon help in case of medical or other emergencies staff should send the triangle immediately to the office.

In the case of an accident or injury, a First Aid Lead and member of the SLT should be informed immediately. They will assess the situation and determine whether or not emergency services need to be called.

First Aid Leads are not paramedics, and if they feel they cannot adequately deal with the injury then they should arrange for access to appropriate medical care without delay.

## Emergency Procedures

If the first member of staff present at an incident judges that an ambulance should be called, he or she should do so immediately, by calling the emergency services on 999, without hesitation and without waiting for a First Aider to arrive at the scene.

**An ambulance should always be called in the following circumstances:**

- a significant head injury
- fitting, unconsciousness, or concussion
- difficulty in breathing and/or chest pains
- a severe allergic reaction
- a severe loss of blood
- severe burns or scalds
- the possibility of a serious fracture
- in the event that the first aider does not consider that they can adequately deal with the presenting condition by the administration of first aid, or if they are unsure of the correct treatment.

Whenever possible, an adult should remain with the casualty until help arrives and other staff can be called upon to help with moving away any pupils present.

If an ambulance is called, the school office should be notified immediately ensure that access to the school site is unrestricted, that the pupil can be easily accessed by emergency services when they arrive and direct the ambulance crew to the casualty's location.

Pupils who are taken to hospital in an ambulance will be accompanied by a member of staff unless parents are able to reach the school site in time to go with their child themselves. Ambulances will not be delayed for waiting for parents to arrive at the school. Parents will be informed immediately of any medical emergency and told which hospital to go to.

All accidents and injuries must be reported. For reporting procedures, please see below.

## Reporting Accidents, Emergencies, and First Aid Administration

Any first aider who has administered first aid or medication should fill out the medical from on **HUB.** These are stored electronically are used to record **all** incidents, both major and minor. In the case of a major accident, a separate **Medical Accident Form** should be completed. All members of staff supervising at the time of the incident should make a separate report. The date, time and place, what happened, actions taken, injuries or a brief outline of the illness, and first aid administered should be recorded.

Accidents that fall under health and safety issues should also be reported in line with procedures outlined in the school **Health and Safety policy.**

All injuries that have occurred, and first aid that has been carried out both on and off-site should be reported to the First Aid Lead, no matter how minor the injury. The First Aid Lead is responsible for ensuring that all incident report forms are filled out accurately and stored properly. A written record should also be kept of all medicines that are administered to children, including those prescribed for pupils with individual healthcare plans.

The First Aid Lead is also responsible for ensuring that parents are kept up to date as is appropriate regarding the health of their child in school, injuries that they have sustained, and medical treatment that they are receiving. In an emergency situation or in the case of a serious injury, parents will be informed as soon as is practicably possible.

### Serious incidents

Serious incidents will also be recorded and reviewed by senior leaders. The governing body will review cases of serious incidents and determine what, if any, steps could be taken in order to ensure that the same accident does not happen in the future. The types of minor accidents reported (no personal details discussed) will be reviewed at senior leadership team meetings to determine whether there are any accident trends that could be avoided.

### Reporting to HSE

The school is legally required to report certain injuries, diseases and dangerous occurrences to the HSE. Where there is a death or major injury this should be reported by calling the Incident Contact Centre (ICC) on 0845 300 9923 (opening hours Monday to Friday 8.30am to 5pm). All other reportable injuries should be reported online [http://www.hse.gov.uk/riddor/report.htm].
It is the responsibility of the **Headmaster** to report to the HSE when necessary. Incidents that need to be reported include but are not limited to:

## Involving staff

- work related accidents resulting in death or major injury (including as a result of physical violence) must be reported immediately (major injury examples: dislocation of hip, knee or shoulder; amputation; loss of sight; fracture other than to fingers, toes or thumbs)
- work related accidents that prevent the injured person from continuing with his/her normal work for more than seven days. which must be reported within 15 days (note that even though over-three-day injuries do not need to be reported, a record must still be retained)
- cases of work-related diseases that a doctor notifies the school of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer)
- certain dangerous occurrences (near misses – reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substances that may cause injury to health).

## Involving pupils, parents, or school visitors

- accidents which result in the death of a person that arose out of or in connection with the school's activities
- accidents which result in an injury that arose out of or in connection with the school's activities and where the person is taken from the scene of the accident to hospital.

See the HSE document Incident reporting in schools (accidents, diseases and dangerous occurrences)

# COVID-19: Annex and First Aid Procedure

For the duration of the COVID-19 pandemic this overarching annex document will be in place as an amendment to the School's First Aid Policy and Appendices. The document will be updated and recirculated as necessary.

The COVID-19 First Aid Procedure will ensure First Aiders are confident that they can provide First Aid to someone who sustains an injury or becomes unwell during the COVID-19 pandemic; including specific guidance on giving cardiopulmonary resuscitation (CPR).

**Background**:

COVID-19 is the infectious disease (virus) caused by the most recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019. COVID-19 is now a global pandemic. As this is a novel disease, knowledge about COVID-19 is constantly being updated.

**The main symptoms of COVID-19 are currently**:

- a high temperature – this means feeling hot to the touch on the chest or back (you do not need to measure the temperature with a thermometer).
- a new, continuous cough – this means coughing more than once an hour, or 3 or more coughing episodes in 24 hours (if the person usually has a cough, it may be worse than usual)
- loss or change to the sense of smell (anosmia) – this means having noticed the inability to smell or things smelling differently to normal

Most people with coronavirus have at least one of these symptoms, however some people may be pre-symptomatic (have not yet developed symptoms) or be asymptomatic (have no symptoms) but be infectious and capable of infecting others.

**How COVID-19 is spread:**

People can catch COVID-19 from others who have the virus. The disease spreads primarily from person to person through small droplets from the nose or mouth, which are expelled when a person with COVID-19 coughs, sneezes, or speaks. People can catch COVID-19 if they breathe in these droplets from a person infected with the virus. Therefore, it is important to stay at least 2 metres away from others. These droplets can land on objects and surfaces around the person such as tables, door handles, handrails, telephones, and light switches. People can become infected by touching these objects or surfaces, then touching their eyes, nose or mouth. This is why it is essential to wash your hands regularly with soap and water or clean them with an alcohol-based hand gel.

## First Aid in the context of COVID-19:

All casualties must be assumed to be potentially COVID-19 positive and the following universal precautions taken to ensure the safety of the First Aider and Casualty.

**The COVID-19 First Aid Procedure:**

1. The First Aider collects a First Aid Kit (containing hand gel) and the attached PPE Kit before attending the casualty. If not possible a helper will collect.
2. The First Aider uses their training to assess the risk from the immediate environment to self and others present.
3. The First Aider remains at a 2-metre safe distance to assess hazards and the casualty.
4. If the casualty is conscious and can communicate, they should self-treat if this is appropriate by following instructions given by the First Aider at a 2-metre distance.
5. The First Aider transfers the First Aid equipment required to the casualty by sliding or another appropriate method.
6. Wear gloves when dealing with open wounds.
7. Cover cuts and grazes on your hands with waterproof dressing
8. Dispose of all waste safely
9. Do not touch a wound with your bare hand
10. Do not touch any part of a dressing that will come in contact with a wound.

**Where a close contact response is needed for symptomatic children**

If a person is showing symptoms of having COVID-19, wherever possible, the person should be asked to move to a location away from others to the First Aid Room. If there is no physically separate room or the casualty is not able to move to another room all other persons not required to assist in first aid provision should be asked to leave the vicinity.

The following equipment is required:

- disposable gloves
- disposable apron
- fluid-resistant surgical face mask
- eye protection (visor)
- alcohol-based hand sanitiser
- two bin bags
- disinfectant wipes (to clean down first aid box).

If the casualty is unresponsive for the primary and secondary survey or is not able to self- treat then the following PPE must be put on in the following order by the First Aider BEFORE approaching the casualty within 2 metres:

1. First remove any jewellery
2. Tie hair up if necessary
3. Gel hands as per WHO guidelines
4. Put on Apron and tie at back
5. Apply a Type IIR fluid resistant surgical facemask (ensuring this is correctly positioned to completely cover the mouth and nose and then pinch over the nose to ensure a tight fit)
6. Apply a visor*
7. Apply gloves

*If the risk assessment of the casualty determines that there is a risk of fluids entering the eye from, for example, coughing, spitting or vomiting, then eye protection (a visor) should also be worn and is put on after applying the facemask. A supply of visors is kept with the First Aid.

At all times the First Aider must keep their hands away from own face.

When assessing the casualty's breathing, the First Aider does not place their ear or cheek close to the casualty's face and does not listen or feel for breathing for 10 seconds. The First Aider instead looks at the chest to assess breathing; recognizing cardiac arrest by looking for the absence of signs of life and the absence of normal breathing.

- The First Aider shouts for help.
- If there is any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives.
- The helper calls 999 for emergency help while CPR is commenced.
- The helper puts the phone on speaker and hold it out towards First Aider, so they can maintain at 2-metre distance.
- If the First Aider is on their own, they use the hands-free speaker on their own phone so they can
- Start CPR while speaking to ambulance control.
- Ambulance control are informed the casualty is potentially COVID-19 positive as appropriate.

**Cardiopulmonary Resuscitation (CPR):**

Whenever CPR is carried out, particularly on an unknown victim, there is some risk of cross infection, associated particularly with giving rescue breaths. Normally, this risk is very small and is set against the inevitability that a person in cardiac arrest will die if no assistance is given. If there is a perceived risk of infection, the First Aider should place a cloth/towel/clothing over the casualty's mouth and nose BEFORE COMMENCING CPR and in an adult attempt compression-only CPR until help arrives.

DO NOT GIVE RESCUE BREATHS to an adult

- Ensure mouth and nose of casualty is covered.
- Start CPR - Kneel by the casualty and put the heel of one hand on the middle of the person's chest.
- Putting other hand on top of the first. Interlock the fingers, making sure not to touch the ribs.
- Keeping arms straight, lean over casualty, press down hard, to a depth of about 5-6cm before releasing the pressure, allowing the chest to come back up. The beat of the song "Staying Alive" can help keep to the right speed.

THE HELPER REMINDS THE FIRST AIDER NOT TO GIVE RESCUE BREATHS

The helper keeps a 2-metre distance. However, the First Aider is likely to become rapidly exhausted.

If the helper is needed to take over CPR from the First Aider the helper puts on PPE as above. At all times the helper keeps their hands away from their face.

For Children Rescue Breaths are given.

**Disposal of PPE:**

When the casualty has been treated or the Ambulance Service have arrived and taken over the care of the casualty, the First Aider must remove their PPE carefully in the correct order into the orange lidded pedal bin specifically for this purpose, situated outside the Isolation Room as follows:

1. Remove gloves and drop into bin
2. Wash or gel hands as per WHO guidelines
3. Remove apron by breaking the tie at the back. Pull apron away from the neck and shoulders by only touching the inside of the apron and fold and roll it in on itself and drop into bin
4. Wash or gel hands
5. If wearing a visor do not bend forwards as this brings the bottom of the visor into contact with the clean upper body. Remove by holding the band at the back of the visor and lift over head and drop into bin without touching the front of the visor*
6. Wash or gel hands
7. Remove facemask by unfastening bottom tie and then top tie. Do not bend the neck forward as this allows the facemask to touch the clean upper body. Pull the facemask away from face holding ties without touching the front of the facemask and drop into bin

8. Wash or gel hands

If there is any clinical waste this is placed into the clinical waste bin next to the PPE bin first. Any Adrenaline Auto-Injectors must be handed over safely to the Ambulance Service for safe disposal.

The First Aider must thoroughly wash their hands with Soap and Water at the first opportunity.

**Follow-up:**

### Cleaning

If first aid is provided to a symptomatic person, all surfaces that the person has come into contact with after they developed symptoms should be cleaned following the cleaning requirements outlined in the specific cleaning guidance documents:

### Clothing

Unless clothing has become contaminated or soiled as a result of close contact it does not need to be changed. Clothing should be changed when you get home (after close contact, wearing PPE) and clothes washed:

- separately from other household linen
- in a load not more than half the machine capacity
- at the maximum temperature the fabric can tolerate, then ironed or tumble dried.

All reusable First Aid equipment are thoroughly cleaned and disinfected using appropriate wipes and then restocked by the First Aid Lead.

The member of staff with oversight for First Aid or the Line Manager will ensure the First Aider and helper have an opportunity to debrief following the incident.

COVID-19: guidance for first responders

# Appendix: Location of First Aid Kits

| | | |
|---|---|---|
| School Kitchen – inc Burns Kit (x1) | Pre-Reception (x1) | Reception Classroom (x1) |
| Kitchenette (x1) | Sports (x2) | Playground (x1) |
| The Deacon Hall (x1) | Year 1 Classroom (x1) | Year 2 Classroom (x1) |
| Year 3 Classroom (x1) | Year 4 Classroom (x1) | Year 5 Classroom (x1) |
| Year 6 Classroom (x1) | Art Room (x1) | The Griffin (x1) |
| First Aid Room (x 1) | School Trip First-Aid Bags (x 3) | |

**Location of Eye Wash Stations**:

**Location of Emergency Asthma Kits**:

**Location of Emergency Spare Adrenaline Auto-Injectors**:

**Location of Paracetamol/Calpol:**

**Location of Thermometers:**

# Appendix: Record of First Aid Training

| First Name | Surname | Schools - St John's 1 Day Covers Children age 5-10 | Emergency - St John's 1 Day) covers adults only | Paediatric - St John's 2 days Covers children up to 5 | First Aid at Work - St John's (3 Days - £360 inc VAT) covers Adults only |
|---|---|---|---|---|---|
| Carly | Alder | | | N/A | 2 day paediatric and 1 day adult |
| Marie | Ash | | | 1 day ADULT now& 1 day paediatric 6.1.20 | |
| Monika | Balazsova | | 28/04/2020 ok | 25/02/2022 ok | |
| Emma | Bartle-Jones | | | 19/10/2021 ok | |
| Katy | Wilson nee' Bovington | | | 1 day Adult 6.1.20 & 1 day paediatric 6.1.20 | |
| Emily | Dawson | | | 24/03/2022 ok | |
| Stacey | Dawson | | | 1 day Adult 6.1.20 & 1 day paediatric 6.1.20 | |
| Steve | Day | | | N/A | |
| Lisa | Dodds | | | 1 day Adult 6.1.20 & 1 day paediatric 6.1.20 | |
| Loretta | Draper | | 02/09/2019 expired | 1 day Adult 6.1.20 & 1 day paediatric 6.1.20 | |
| Fiona | Edwards | | | 1 day Adult 6.1.20 & 1 day paediatric 6.1.20 | |
| Aneta | Follows nee' Jezierska | | | 1 day Adult 6.1.20 & 1 day paediatric 6.1.20 | |
| Caroline | Fowler | | | 1 day Adult 6.1.20 & 1 day paediatric 6.1.20 | |
| Alison | Friend | | 01/09/2019 expired | 1 day Adult 6.1.20 & 1 day paediatric 6.1.20 | |
| Sally | Jones | | | 1 day Adult 6.1.20 & 1 day paediatric 6.1.20 | |
| Kris | Lawrence | | | N/A | 07/06/2020 |
| John | Manser | | | 1 day Adult 6.1.20 & 1 day paediatric 6.1.20 | |
| Kelly | Morgan-Pugh | | | 1 day Adult 6.1.20 & 1 day paediatric 6.1.20 | |
| Elle | Peacock | | | 1 day Adult 6.1.20 & 1 day paediatric 6.1.20 | |
| Kelly | Potter | 10/09/2021 ok | | N/A | |
| Andrew | Rudkin | | | 1 day Adult 6.1.20 & 1 day paediatric 6.1.20 | |
| Suzanne | Rudkin | | 02/09/2019 expired | 1 day Adult 6.1.20 & 1 day paediatric 6.1.20 | |
| Emma | Sewell | | | 1 day Adult 6.1.20 & 1 day paediatric 6.1.20 | |
| Gina | Thomson | | | 1 day ADULT now& 1 day paediatric 6.1.20 | |
| Jess | Thorley | | 02/09/2019 expired | 1 day Adult 6.1.20 & 1 day paediatric 6.1.20 | |
| Kyra | Van Niekerk | 10/09/2021 ok | | | |
| Dawn | Worcester | | | 22/09/2021 | |
| **EARLY YEARS** | | | | | |
| Alison | Doig | | | 09/10/2020 ok | |
| Lianne | Giltrap | | | 19/04/2020 ok | |
| Darshini | Mayuran | | | 1 day St John paediatric to book now | |
| Lucy | Roshier | | | 30/04/2022 | |
| Lori | Totolan | | | 13/11/2020 | |
| Zoe | Tucker | | | 18/07/2020 | |
| Vicky | Tutcher | | | 19/04/2020 | |

# Appendix - Severe allergic reaction - Anaphylaxis

An allergy is a hypersensitivity to a foreign substance that is normally harmless, but produces an immune response reaction in some people. An anaphylactic reaction is the extreme end of the allergy spectrum affecting the whole body and requires emergency treatment to preserve life, with an intramuscular injection of adrenaline (in school - via an Adrenaline Auto-Injector such as an Emerade/EpiPen/Jext. The reaction usually occurs within minutes of exposure to the "trigger" substance although in some cases the reaction may be delayed for a few hours (**bi-phasic**). Common trigger substances include peanuts, tree nuts, eggs, shellfish, kiwi, insect stings, latex and drugs such as penicillin.

**Avoidance of the allergen/trigger substance is paramount.**

**Signs and symptoms**

The early symptoms of an **allergic** reaction are:

- Itchy, urticarial rash (hives) anywhere on the body
- Runny nose and watery eyes
- Nausea and vomiting
- Abdominal cramping
- Tingling when an allergen has been touched

Where possible remove the "trigger" – the sting, food etc. – get them to spit the food out but

**NEVER** induce vomiting

The pupil's medical condition must be monitored as it may **rapidly** deteriorate

**Definition of Anaphylaxis:**

**Anaphylaxis involves one or both of two features**

- **Respiratory difficulty (swelling of the airway or asthma)**
- **Hypotension (fainting, collapse or unconsciousness)**

Symptoms suggestive of **Anaphylaxis** are:

- Skin Changes: Pale or flushed, urticaria (hives)
- Severe swelling of lips or face
- Tongue becomes swollen
- Respiratory difficulty - audible wheeze, hoarseness, stridor
- Difficulty in swallowing or speaking
- Pupil may complain that the their neck feels funny
- Feeling weak or faint due to a drop in blood pressure
- Feeling of impending doom (anxiety, agitation)
- Pale and clammy skin
- A rapid and weak pulse
- May become unconscious

**Treatment - what to do**

Follow the pupil's individual **Emergency Allergy Action Plan**.

Treatment depends on the severity of the reaction and may require the administration of an Emergency Adrenaline Auto Injector (Emerade/EpiPen/Jext) to be given **without delay.**

**For mild symptoms**

An antihistamine and if prescribed, an inhaler should be taken by the pupil/be given by the School Nurse, or in her absence by any first aider and on visits, by the teacher with responsibility for First Aid.

**Monitor** - the pupil's medical condition as it may **rapidly** deteriorate.

**For severe symptoms**

Each pupil with a known severe allergy, who has been prescribed an Adrenaline Auto Injector - Emerade/EpiPen/Jext should (*parents advised*) carry x2 with them at all times. Each pupil also has at least x1 Adrenaline Auto Injector together with any other emergency medication required and a named Emergency Allergy Action.

Treatment for anaphylaxis is adrenaline administered via an Adrenaline Auto Injector into the upper outer thigh muscle and may be given through clothing (avoiding the seam line) noting the time. Adrenaline quickly reverses the effects of the allergic reaction, but it is short-acting. If there is no improvement or the symptoms return, then a second Adrenaline Auto Injector must be administered after **5 minutes**. Follow the pupil's Individual Emergency Allergy Action Plan which includes details of any additional medication to be administered such as antihistamines, an inhaler or steroids (adjuncts). **The pupil must always go to hospital by ambulance if an Adrenaline Auto Injector is administered, even if they appear to have recovered.**

**Emergency procedure to be followed in school**

If a pupil shows signs or symptoms of a severe allergic reaction a First Aider must be alerted and the following procedure initiated; **following the pupil's Individual Emergency Care Plan:**

Do not attempt to move the pupil. They may sit up but if they feel faint lie them down and raise their legs (to help preserve their blood pressure). DO NOT STAND THE PUPIL UP!

- **Administer the pupil's own Adrenaline Auto Injector – Emerade/EpiPen/Jext or help them to administer it themselves if they are able (note the time - write this on your hand)**
- If the pupil's own Adrenaline Auto Injector is not available the member of staff should access the nearest Emergency Spare EpiPen
- Remember to give the Adrenaline Auto Injector as soon as possible – do not delay - **adrenaline will do no harm, but can save a life if given**
- **Call an ambulance stating "anaphylaxis" (follow the school procedure for calling an ambulance)**
- Send a responsible person to get the pupil's yellow emergency kit containing the spare Adrenaline
  Auto Injector from the Medical Centre
- Monitor the pupil's condition carefully; be prepared to commence cardiopulmonary resuscitation (CPR)
- **If symptoms have not improved or symptoms return, then after 5 minutes administer the second Adrenaline Auto Injector**
- Give all used Adrenaline Auto Injectors to the ambulance crew for safe disposal
- A member of staff will accompany the pupil to hospital and stay until the parents arrive
- The School Nurse will record the incident on an accident report form and in the pupil's individual
  medical record
- **The parents will replace any medication as necessary before the pupil returns to school**

**First episode - In the case of a pupil has their first anaphylaxis or allergy reaction**

A First Aider should be contacted without delay if the episode occurs in school. If she is not available or the incident is off-site then an ambulance should be called (stating that the emergency is a suspected anaphylactic reaction) and First Aid measures carried out.

**New pupils**

- Parents must inform us of their daughter's allergy on the Confidential Medical Questionnaire Form that they complete when their child joins. If the condition develops later, the parents must notify us as soon as possible.
- A member of SLT will discuss with parents the specific arrangements for their child.
- Parents will need to teach their child about the management of their own allergy including avoiding trigger substances and how and when to alert a member of staff.
- The parents should ensure that their child has been shown how to self-administer an Adrenaline Auto Injector by the prescribing doctor or specialist allergy nurse and that this is regularly reviewed.
- Pupils should carry x2 Adrenaline Auto Injectors and any other emergency medication required with them at all times.
- Parents must provide the school with a spare Adrenaline Auto Injector. Parents will also supply any antihistamine or other medication that may be required. The medication will be kept in a named emergency kit bag with photo-id. The emergency medical kit will also contain the Individual Emergency Care Plan and emergency contact details.
- Parents are responsible for ensuring that all medication is in date and replaced as necessary.
- Parents must keep the school up-to-date with any changes in symptoms or medication and must provide an up-to-date individual Emergency Allergy Action Plan from the prescribing doctor.
- Catering staff will take all reasonable steps to ensure that only suitable food is available and will advise pupils on ingredients and appropriate food choices as required.
- Although the catering department can accommodate most food allergies, the parents will need to provide their daughter with snacks/packed lunches where appropriate.
- A named photograph of pupils with severe allergies is displayed in the Sugden Room and on the online staff intranet.
- **A pupil must carry her Adrenaline Auto Injectors with her at all times in school together with any other prescribed emergency medication and should wear a medical alert bracelet.**

## Training

- Training will be available to all staff in the recognition and treatment of anaphylaxis and allergic reactions, including the use of Adrenaline Auto Injectors and how to summon help in an emergency.
- An update on allergy/anaphylaxis will take place regularly – preferably annually as staff change.
- An update may also be required when protocols and guidelines are revised.
- Specific training can be given on individual pupils as and when the need arises.
- The training to be provided will cover: prevalence; recognition of signs & symptoms of allergic reactions, including anaphylaxis; differential diagnosis; treatment; roles and responsibilities; storage of medication; and administrative procedures.

## School Visits

- Specific arrangements should be made for after-school or for school visits
- At least one member of staff trained in administering antihistamine and an Adrenaline Auto Injector must accompany the party
- The degree of supervision required for the pupil should be discussed with parents and will depend on the pupil's age
-

Following any anaphylactic episode all staff will meet to discuss what occurred, offer support to each other and look at how the emergency procedure worked and the procedure will be amended if necessary.

# Appendix – Asthma

Lyndhurst School recognizes that Asthma is a common condition affecting children and young people and welcomes all pupils with Asthma to the school.

Asthma is a serious but controllable chronic disease affecting 1.4 million children within the UK and is one of the most common causes of absence from school and the most frequent medical condition which requires medication to be taken during the school day.

Asthma can vary in its severity and in presentation according to the individual and can occur at any time.

When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions cause the airways to become narrower and irritated - making it difficult to breath and leading to symptoms of asthma.

Asthma can be controlled by taking medication in the form of an inhaler. A reliever inhaler opens the airways and makes breathing easier. A preventer inhaler makes the airways less sensitive to irritants. **Immediate access to a reliever inhaler is essential.**

**Types of inhaler**

- Blue - Salbutamol (ventolin) - reliever inhaler – generally delivered via a volumatic spacer device (taken for the immediate relief of symptoms)
- Brown - Beclometasone – preventer inhaler (usually taken only in the morning and at bedtime

Pupils with asthma learn from their past experience of asthma attacks; they usually know what to do, nevertheless good communication is essential.

**Triggers**

- Grass and hay
- Pollen
- Animal fur
- Viral infections
- Cold, damp weather
- Exercise
- Emotion
- Smoke, pollution and dust

**Signs of poor control are:**

- Night time symptoms leading to exhaustion during the day and poor concentration
- Frequent daytime symptoms
- Using their reliever inhaler on more than two occasion in a week
- Time off school because of respiratory symptoms

**New pupils**

- Parents must inform us of their child asthma on the Confidential Medical Questionnaire Form they complete when their child joins Lyndhurst School. If the condition develops later, the parents must notify us as soon as possible.
- A member of SLT will discuss with parents the specific arrangements for their child and parents will be asked to provide a copy of their child's current Asthma Action Plan.
- A pupil with asthma should carry their inhaler with them at all times in school.
- **Parents must provide The Visit Group Leader with a spare named inhaler for staff to take on residential visits. Parents are responsible for ensuring that inhalers are in date and replaced as necessary and have sufficient doses remaining.** Should a parent wish to provide the School with a spare inhaler for in-school use, this will be kept in a named individual pouch in the First Aid room.
- All pupils on the Pupil Asthma List will have access to an emergency reliever inhaler if required.
- Regular training will be available to all staff in the recognition of an asthma attack and how to summon help in an emergency. All staff should familiarize themselves with the procedure for dealing with an asthma attack.
- Pupils with asthma are encouraged to take a full part in PE and PE staff will remind pupils who have exercise induced asthma to use their reliever inhaler before the commencement of the lesson and during it if needed.
- Specific arrangements should be made for after-school or weekend activities and for school visits.
-

**Common signs of an asthma attack**

- Coughing
- Shortness of breath
- Wheezing
- Feeling tight in the chest
- Being unusually quiet
- Difficulty speaking in full sentences

**It should be noted that in atypical asthma no wheezing will be audible.**

**Emergency procedure to be followed in school**

Action to take in the event of an asthma attack:

- Keep calm
- Encourage the pupil to sit up and slightly forward – do not hug or lie them down
- **Make sure the pupil takes two puffs of their reliever inhaler (usually blue)** immediately (preferably through a volumatic spacer)
- If the pupil's inhaler is not available the member of staff should access the nearest Emergency Asthma Kit which contains a reliever inhaler and spacer
- Ensure tight clothing is loosened
- Reassure the pupil
- Call the First Aider

If there is no immediate improvement:

**Continue to make sure the pupil takes one puff of their reliever inhaler every minute for five minutes or until their symptoms improve.**

Call 999 urgently and request an ambulance (following school procedure) if:

- The pupil's symptoms do not improve in 5-10 minutes
- The pupil is too breathless or exhausted to talk
- The pupil's lips are blue
- You are in any doubt

Ensure the pupil takes one puff of their reliever inhaler every minute until the ambulance arrives. Caution:

- **Do not give anything to eat or drink**
- **Do not give ibuprofen or paracetamol**

**After a minor asthma attack**

- Minor attacks should not interrupt the involvement of a pupil with asthma in school. When the pupil feels better they can return to school activities.
- The parents/guardian must always be informed if their daughter has had an asthma attack.

# Appendix - Diabetes

Lyndhurst School support pupils attending the school with type 1 diabetes and recognize that they need understanding, encouragement and support to ensure a sense of independence. Most pupils with diabetes have a good knowledge of their condition and can manage it well but good communication between the pupil and medical team is essential.

## New pupils

When the pupil joins the school, the parents will complete a Confidential Medical Questionnaire informing us that their child is diabetic. A member of SLT will then send an individual care plan for completion, unless the family already has an appropriate and up-to-date plan; in which case a copy will be requested. This will include details of the care to be given for hypoglycaemia (low blood glucose) and the emergency treatment that will be needed and instructions on when to call the emergency services. It is crucial to reinforce that parents are experts in the care of their child and should be involved from the outset. They are best positioned to indicate they are ready to share responsibilities with the school. Raising expectations of what is possible and keeping their daughter at the centre of everything is essential. Collaborative working between healthcare professionals, education staff and the pupil's family will support the school in their day to day management of diabetes including monitoring of the condition, food, physical activity and the pupil's wellbeing.

Spare equipment will be kept in a named box with a photograph in the diabetes cupboard in the First Aid Room, or in the fridge as necessary.

## Insulin

The pupil will know how to administer their insulin and will carry this with their during the normal school day. However, the school will support them and a member of SLT will discuss with the parents all aspects of the pupil's insulin and its administration. The school will provide facilities for the safe disposal of needles.

The need for regular eating times is recognized by the school and appropriate arrangements will be made. Diabetes management outside school will be the responsibility of the pupil's consultant/diabetes specialist nurse (DSN) and the parent/guardian must inform the school of any change in the pupil's regime in writing, as soon as they occur. We will always endeavor to invite the new pupil's DSN to a meeting at the school prior to the child joining.

## Trips

The pupil will need to carry their insulin and blood glucose testing kit and snacks as usual and must plan for the possibility of a delayed return. All staff will be advised of the necessary precautions and the emergency procedures. The staff will collect the pupil's spare emergency kit and a copy of the individual care plan detailing the emergency procedures, for use in the event of a hypoglycaemic episode. They will also carry spare fast

acting glucose/snacks/juice boxes. The emergency kit must be returned to the First Aid Room immediately on return to school

**Residential and overnight visits**

The parent will complete a detailed medical history form prior to departure which will include the details of insulin with current dosage and frequency. A risk assessment will be carried out and a meeting between the parents and a member of SLT will take place. The teacher organizing the visit will aim to ensure that there is refrigerated storage for the insulin. The pupil must be confident in the management of their diabetes with regard to dosage administration, monitoring control and the adjustment of dosage when necessary. A copy of the individual care plan and emergency procedures will be taken on the visit. When travelling by air, a letter will be written explaining the medical need for equipment to be carried on the plane – this is requested from the school office and signed by a member of SLT. In the event of loss or damage to the insulin, it will be the parents' responsibility to provide where possible extra medication. However, where this is not possible or a delay will occur the visit leader should contact the paediatric department or Accident and Emergency department at the nearest hospital, who will be able to offer assistance.

**If following a risk assessment it is felt by the parents and School Nurses that the pupil is not able to manage her diabetes independently, then the requirement for a trained health professional to accompany the visit will be discussed.**

**PE**

The school will ensure that PE staff are aware of the precautions necessary for a pupil with diabetes to take part in sporting activities and on the emergency procedures. PE staff will have a supply of fast acting glucose/snacks/juice boxes available for diabetic pupils when they are off site or at sporting events.

**Background**

Type 1 diabetes develops when the insulin-producing cells in the body are destroyed by the body's immune system; the body is unable to produce any insulin. It is a long-term medical condition. Insulin is the key that unlocks the door to the body's cells. Once the door is unlocked glucose can enter the cells where it is used as fuel. In Type 1 diabetes the body is unable to produce any insulin so there is no key to unlock the door and the glucose builds up in the blood. Nobody knows for sure why these insulin- producing cells have been destroyed, but the most likely cause is the body having an abnormal reaction to the cells. This may be triggered by a virus or other infection. Type 1 diabetes can develop at any age but usually appears before the age of 40, and especially in childhood. Type 1 diabetes accounts for between 5 and 15 per cent of all people with diabetes and is treated by daily insulin injections, a healthy diet and regular physical activity. Insulin is taken either by injections, an insulin pen or via a pump.

**The main symptoms of undiagnosed diabetes can include:**

- passing urine more often than usual, especially at night
- increased thirst
- extreme tiredness
- unexplained weight loss
- genital itching or regular episodes of thrush
- slow healing of cuts and wounds
- blurred vision

**Medication – Insulin**

Insulin cannot be given orally as it will be digested. It is administered by either an Insulin pen, injection or by a pump. Insulin may be administered several times a day, so the pupil will carry their pen and blood glucose testing kit with them. Spare insulin will be kept in a labelled box in the fridge. It will be the responsibility of the pupil to be aware of her dosage of insulin. If there is a query during the school day either the parents will be contacted or the named diabetes specialist nurse if the parent is unavailable.

**Insulin pump**

This continually delivers insulin into the subcutaneous tissue

- The device is worn attached to the pupil's waist. It helps maintain a more stable blood glucose level and as it is easy to vary the dose, gives pupils more freedom with diet and activity.
- Using the maximum bolus and maximum basal facility settings can give added reassurance that too much insulin will not be delivered in error.
- Each pupil who uses a pump must learn and be confident to carb count, to set/adjust the insulin dose delivery themselves according to their diet, activity and blood glucose levels.
- Staff and First Aiders will not be required to know how to carb count, calculate dosages or administer insulin via a pump.

**Emergency procedure to be followed in school**

**Hypoglycaemia - Hypo (below 4mmols/L)**

This is the most common short-term complication in diabetes and occurs when the level of glucose falls too low thereby affecting cognitive function.

**It is caused by:**

- When too much insulin has been taken
- A meal or snack that has been delayed or missed
- Not enough carbohydrate food has been eaten
- Exercise was unplanned or strenuous
- Sometimes there is no obvious cause.

**Signs and symptoms:**

- Hunger, trembling, shaking
- Sweating
- Pallor
- Fast pulse or palpitations
- Headache
- Tingling lips
- Glazed eyes, blurred vision
- Mood change – anxiety, irritability, aggressiveness
- Lack of concentration, vagueness, drowsiness
- Collapse

**Action to take:**

**If the pupil is conscious:**

- If possible get the pupil to check their blood glucose
- Give orange juice or x3 glucose tablets (The pupil will carry their own, but drinks, glucose tablets and cereal bars are kept in Medical Centre
- If the pupil is conscious, but uncooperative apply Hypostop gel to the inside of the cheek (as per instructions)
- The pupil will need to check her blood glucose after 15 minutes. If it remains below 4mmols repeat as above
- This will need to be followed by a carbohydrate snack (cereal bar, sandwich, a couple of biscuits, fruit etc) unless the pupil has an insulin pump in which case her individual care plan should be followed.
- If there is no improvement in the blood glucose level after 2 cycles, then the parents should be called urgently; if no parental contact can be made then Call 999 and ask for a paramedic to attend

**If the pupil is unconscious:**

- Place the pupil in the recovery position
- Call 999 and request an ambulance (following the school procedure)
- Not give the pupil anything to eat or drink
- Organise for the parents to be contacted

### Hyperglycaemia - Hyper (14mmols/L or above)

This develops more slowly than hypoglycaemia but is more serious if untreated.

This occurs when there is too much glucose in the blood, therefore extra insulin is needed.

The blood glucose level will be above 14mmols. This can develop over a few days and will be more noticeable if a pupil is away on a school visit

**Hyperglycaemia - It is caused by:**

- Too little or no insulin given
- Eating more carbohydrate than their diet allows
- Emotional upset
- Stress
- Less exercise than usual
- Infection
- Fever
- Not conforming to treatment

**Signs and symptoms:**

- Feeling unwell
- Extreme Thirst
- Frequent urination
- Tiredness and weakness
- Nausea Blurred vision
- Flushed appearance
- Dry skin
- Glycosuria
- Small amount of ketones in urine/blood

**Action to take:**

- They should check their blood glucose and should be able to titrate their insulin according to their blood glucose level; they should also check for the presence of ketones
- Contact the parents if ketones are present and arrange for the pupil to be collected
- Give fluids (without sugar)
- Contact the named diabetes specialist nurse if the parents cannot be reached

**Call 999 and request an ambulance if any of the following signs and symptoms occur:**

- Confusion/impaired consciousness/unconsciousness
- Deep and rapid breathing
- Abdominal pain
- Nausea/vomiting
- Breath smells of acetone (like pear drops, nail polish remover) as this can proceed to diabetic ketoacidosis (DKA) which for a diabetic is a medical emergency; with an uncontrollable downward spiral without urgent medical attention

### General points

- No diabetic pupil will be allowed leave the classroom alone or be left unattended if unwell and will always be accompanied to the Medical Centre
- A diabetic pupil will be free to check her blood glucose and eat a snack in class as necessary without ever needing to refer to the teacher present
- Privacy for blood glucose testing will always be available in the Medical Centre

### Spare Glucometer

This is kept in the diabetic cupboard in the First Aid Room; is checked regularly and is available for use by any diabetic pupil

### Glucagon emergency injection kit

When a pupil with Type 1 Diabetes joins the School, they must provide the Medical Centre with a spare Glucagon emergency injection kit. This is kept in the unlocked Medical Centre fridge and the expiry date is checked each term

### Checklist for visits

| **Pupil/parents** | **Staff** |
|---|---|
| Hand gel | Copy of Individual care plan, visit medical consent form with full contact details of parent/guardian |
| Blood glucose testing kit and urine testing kit (if B/G testing does not include ketone testing) | School visit information Risk assessment<br>Letter for airline |
| Insulin plus spare in case of loss/damage | Mini sharps box |
| Insulin pen and needles plus spares in case of loss/damage | Quick reference flow-chart with photograph of pupil |
| All insulin pump equipment if applicable | Spare insulin pump equipment if applicable |
| Fast acting glucose/carbohydrate snacks/juice boxes<br>Extra food in case of a delayed return | Spare fast acting glucose/carbohydrate snacks/juice boxes |
| Cool bag for transportation of insulin | Ensure suitable refrigeration facilities are available at destination |
| Medical Alert bracelet | |

# Appendix– Wound Management Protocol & Procedure

## WOUNDS

There are 4 categories of wounds:

| | |
|---|---|
| Abrasions | A graze caused by friction, superficial and partial thickness |
| Cuts | A break in the skin caused by a sharp object e.g. knife, glass; easy to close |
| Lacerations | Caused by a blunt force; the skin has burst rather than been cut |
| Penetrating wounds | Usually unable to visualize the base. These wounds require examination in an Accident and Emergency Department. Cover wound with a temporary dry dressing and send pupil to hospital |

- Minor wounds do not require referral to an Accident & Emergency department but may require further assessment in a Minor Injuries Unit (MIU).

**Exclude complications**

- Problems with exploration – excessive pain, unable to visualize all of the wound
- Cleaning or closure of the wound – unable to remove all of the debris/harmful debris e.g. glass and/or difficult shape of wound
- Concern about size or depth or site
- Mechanism: human bite, animal bite or extreme violence

**Cleaning**

This reduces the risk of complications after closure

- Place patient in a quiet place and appropriate position. Keep them comfortable and calm; maintain their dignity
- Use appropriate sterile field to protect patient, environment and yourself. Wear protective gloves and apron
- Irrigate – using tap pressure
- 20/50ml syringe preferably with a 19 gauge needle to increase pressure; hold at a 45 degree angle to wound. Squirt water using pressure to remove debris
- Use a gloved finger to explore wound or a gauze swab.
- Irrigate until all debris is removed. Dry using gauze swab.

| | |
|---|---|
| Steristrips | • Good for superficial wounds - cuts and lacerations<br>• Painless, noninvasive<br>• Excellent on frail skin. Can use tincture of Benz co as skin prep to help adhesion<br>• Place steristrips 3mm apart<br>• Place anchor strips either side of the wound |

| | |
|---|---|
| Tap water | If drinking water is used there is no evidence to suggest that infection levels are increased. It is readily available and convenient for exploration and cleaning using tap pressure. Alternatively use boiled and cooled water. The infection rate remains 5---10% approximately (Fernandez and Griffiths 2007) |
| Saline – Sodium Chloride 0.9%w/vPh.Eur | Non-irritant, no antiseptic effect |

**Dressings**

| | |
|---|---|
| Plasters | • Range of sizes<br>• Short term solution<br>• Use until bleeding has stopped<br>• They do not allow the wound to breathe particularly well<br>• Be aware of pupils with latex allergy |
| Mepitel | • Expensive<br>• Range of sizes<br>• Single layer can stay in place for up to 7 days<br>• Dry dressing required on top can be changed without disturbing the wound |

- Record all wound cleansing and dressings in daily diary along with pupil details and information about aftercare.
- Ensure appropriate aftercare advice is discussed and recorded and where appropriate parents informed
- Advise pupil when they should return for dressing check/change
- Check Tetanus status of pupil

If necessary, provide parents with written instructions of what they need to look out for (list below) and when they should seek further immediate medical advice:

1. If an increase in pain, swelling and redness is evident
2. If any red lines are seen travelling away from the wound
3. If there is an offensive smell coming from the dressing
4. If the child develops a temperature or diarrhoea