

Kenton College Preparatory School

First Aid Policy

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| Audience | Teachers, Non-Teaching staff, Parents, Governors |
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| Last review | August 2019 |
| Next review | August 2021 |
| Related policies | Safeguarding and Child Protection, Staff Code of Conduct, Health & Safety, School Trips, Supporting Pupils with Medical Needs Policy. All of the above policies can be requested from the school. The Safeguarding and Child Protection policy is published on the school's website. |

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Introduction & Purpose

The Board of Governors and staff of Kenton College take seriously their responsibility for safeguarding and promoting welfare of all pupils in their care. The Kenton College Board of Governors are ultimately responsible for the provision stated in this policy.

The First Aid procedure at Kenton College is in operation to ensure that every pupil, member of staff and visitor will be well looked after in the event of an accident, no matter how minor or major.

The person directly responsible for the administration of any First Aid is Dr Lilian.

Minor Injuries

Pupils with minor injuries are to be taken to the sick bay where Dr Lilian can be found.

If the teacher or adult feels the injury is very minor, they may treat the injury immediately and then report the incident to Dr Lilian. Each teaching block has a designated First Aider and a First Kit.

Major Injuries

In the event of a major injury, Dr Lilian (the School Doctor) is to be sent for and the child stabilised *in situ* where the incident occurred. In the event of a neck injury, the child is to be kept still and **not moved**.

The child is to be made as warm as possible and kept still awaiting the arrival of Dr Lilian.

The teacher present will inform the School Doctor of how the injury occurred and they will decide together on what course of action should be taken.

It is anticipated that for nearly all occasions, the School Doctor will take control of the situation.

Exceptions

If the School Doctor is not on site for any reason, then the following will apply:

- For minor injuries, the member of staff will use their common sense to administer what is required using the first aid kits (see above list for locations). All staff are First Aid Trained. This is updated every two years to ensure that all staff have the relevant knowledge to treat minor injuries.
- For major injuries (defined in this policy as those injuries involving the head, neck, back/spine, broken bones, major sprains, fire or chemical burns), the child should be taken to hospital using the nearest available transport, whether school or personal, or an ambulance called. The teacher/Adult is to be mindful that if speed is of the essence, it is not always practical to call an ambulance that may take a long time to reach the school.

Moving an Injured person

If you are required to move a person to access transport to a hospital, it may be for the following reasons:

- When they are faced with immediate danger, such as an unsafe accident scene or traffic hazards, fire, lack of oxygen, risk of explosion, or a collapsing structure.
- When you have to get to another person who may have more serious injuries. You may have to move a person with minor injuries to reach someone needing immediate care.
- When it's necessary to give proper care. For example, if someone needed CPR, they need to be moved from a bed or couch because CPR needs to be performed on a firm, flat surface.
- The following guidelines should be used when an injured person needs to be moved:
 - try not to bend or twist them if possible.
 - An adult and paediatric wheelchair can be found in the San. The Deputy Head Pastoral has a key if Dr Lilian is not present for any reason.
 - When they are lying on the ground, grab their shirt at the top of the shoulders, and using your forearms to cradle their head, pull their shirt to drag them in a straight line to a safe location.
 - You can also drag them by their feet—make sure you drag them in a straight line. If they have back or neck pain, you need to keep them flat and straight. Make sure their neck and spine are as straight as possible, so you can move them to safety without further injury.
 - If a stretcher is needed you can log roll the patient onto the object to carry them to safety. A log roll is a move used to turn an injured patient from back to side without flexing the spinal column. This technique requires 3 to 4 people—one person to hold the head and neck straight, while the other two to three people roll the body onto the wood. The person at the head will count to three, and all individuals will roll the patient on their side towards them at the same time as the person at the head turns the head to maintain the alignment with the body. Once the person is placed on something hard, the person at the head will again count and roll the person onto their back.
- For neck injuries, the child should not be moved at all and await a qualified medical practitioner to attend. This can be an ambulance crew or doctor.
- If any transport other than an ambulance is being used, the following guidelines should be used:
 - If the injured person can move and, therefore, sit up, a seat belt should be used.
 - Instruct the driver to stick to speed limits and be very mindful of speed bumps.
 - If the injured person cannot move freely, lay them safely along the back seats and secure them with your hands either from the backseat or rotating yourself around from the front passenger seat.

Pupils with Specific Medical Needs

The School Doctor keeps a list of pupils who have existing medical conditions (such as asthma, allergies and epilepsy) that all staff need to be aware of. A copy of the list is in the staffroom and all staff are expected to familiarise themselves with it. As new conditions are brought to the school's attention by parents/guardians, the list is updated and the pupil will be mentioned in the next staff briefing.

Pupils with Asthma

In terms of recognising an asthma attack, you may find that a child is coughing or wheezing persistently when at rest, is having difficulty breathing and using all accessory muscles in the upper body and flaring their nostrils. They may go very quiet, and be unable to complete sentences or speak at all. In these cases, call the School Doctor immediately and begin the asthma emergency procedure:

- Reassure the child in a calm tone and encourage them to slowly sit forward.
- If the child's own inhaler is available, let them use it without delay.
- Call the School Doctor for help.
- If child's own inhaler is not available, use of the emergency inhalers found in First Aid kits (see above for locations).
- If no sign of immediate improvement, allow two more puffs every ten minutes, up to a maximum of 10 puffs.

Pupils with Allergies

Many children are allergic to certain food or substances and this may result in localised swelling and irritation. In such cases, topical or oral antihistamines may be administered by the School Doctor (who will notify parents of any occurrence and treatment).

Some children - indicated on the list of Pupils with Specific Medical Needs - have very severe allergic reactions and may go into anaphylactic shock (anaphylaxis).

Anaphylaxis is a severe and potentially life-threatening allergic reaction at the extreme end of the allergic spectrum.

Anaphylaxis may occur within minutes of exposure to the allergen (bee stings, peanuts for example), although sometimes it can take hours.

It can be life-threatening if not treated quickly with adrenaline. Any allergic reaction, including anaphylaxis, occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it perceives as a threat.

Anaphylaxis has a whole range of symptoms. Any of the following may be present, although most people with anaphylaxis would not necessarily experience all of these:

- Generalised flushing of the skin anywhere on the body
- Nettle rash (hives) anywhere on the body
- Difficulty in swallowing or speaking
- Swelling of tongue/throat and mouth
- Alterations in heart rate
- Severe asthma symptoms
- Abdominal pain, nausea and vomiting
- Sense of impending doom
- Sudden feeling of weakness (due to a drop in blood pressure)
- Collapse and unconsciousness

When symptoms are those of anaphylactic shock the position of the pupil is very important because anaphylactic shock involves a fall in blood pressure:

- If the patient is feeling faint or weak, looking pale, or beginning to go floppy, lay them down with their legs raised. They should not stand up.

- If there are also signs of vomiting, lay them on their side to avoid choking (recovery position).
- If they are having difficulty breathing caused by asthma symptoms and/or by swelling of the airways, they are likely to feel more comfortable sitting up.

Action to take:

- Immediately contact the School Doctor who will use the person's adrenaline device.
- Ensure that accident forms are filled out (found in staffroom)

Pupils with Epilepsy

Many people have seizures that last for less than 5 minutes and stop without any treatment. If you are the teacher/adult with a child that commences a fit, make sure you glance at a clock/watch. Follow the 7 step protocol below (these 7 steps are displayed in the staffroom).

However, some people have seizures that last longer than 5 minutes. If a fit exceeds 5 minutes, professional medical treatment is needed and the person will need to get to a hospital.

If a child has an Epileptic Seizure/Fit:

1. Move the child to a safer place (i.e. on the floor).
2. Move away any dangerous objects such as furniture.
3. Never put any object in the mouth.
4. Let the seizure happen and
5. TAKE NOTE OF THE TIME.
6. GET HELP and STAY CALM.
7. If seizure finishes, put child in recovery position.

Managing Body Fluids

The following procedure applies to managing a situation involving body fluids (including blood, faeces, urine and vomit):

General procedure:

- 1) The immediate area should be cleared of people
- 2) Alert the Domestic Bursar and the School Doctor to the body fluids. The Doctor will need to know who produced the fluids so she can assess them medically.
- 3) The assigned domestic staff member will use hazard signs and appropriate protective garments (disposable gloves and apron).
- 4) Organic matter should be removed using disposable absorbent paper towels.
- 5) The area should then be cleaned using hot water and detergent followed by the appropriate disinfectant.
- 6) The area should be dried thoroughly.

Disposal and cleaning precautions:

- All spillages of body fluids and material used during clearing up should be treated as “clinical waste” and be disposed of appropriately.
- Clinical waste should be disposed of in a securely sealed YELLOW bag. This is to distinguish it from other refuse.
- All Clinical Waste (yellow bag) should be disposed of appropriately.
- Non-disposable cleaning equipment, such as mops and buckets should be disinfected and dried after use.

Contamination:

- Contaminated clothing should be laundered separately on a hot wash.
- Carpets, soft furnishing and upholstery should be steam cleaned when possible.

Accidental exposure to blood:

- Accidental exposure to blood and other body fluids can occur by:
 - Percutaneous injury (e.g. from needles, instruments, bone fragments, significant bites that break the skin)
 - Exposure of broken skin (e.g. abrasions, cuts and grazes)
 - Exposure of mucous membranes, including the eyes and mouth.
- The following action should be taken immediately following accidental exposure:
 - 1) Immediately stop what you are doing.
 - 2) In case of a wound, encourage bleeding of the wound by applying gentle pressure- do not suck.
 - 3) Wash thoroughly under running water.
 - 4) Dry and apply a waterproof dressing.
 - 5) If Blood and body fluids splash into eyes, irrigate with cold water.
 - 6) If blood and body fluids splash into your mouth, do not swallow. Rinse out several times with water.
 - 7) Report the incident to the school Doctor (if this is not you)
 - 8) Complete an accident form

Notification

The School Doctor must be made aware of any accident. The next person to be informed is the Headmistress or the Deputy Head Pastoral. If they are off site, then the Deputy Head Planning & Development should be informed. They will arrange for the parents to be informed.

Any accident or injury should be written up in the accident book, which is kept in the Staff Room.

School Trips

- Each bus has a basic medical kit.
- There are 3 first aid kits that staff accompanying trips should carry with them.
- The School Doctor is responsible for making sure that each kit has the correct items in it. The kits will contain:

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| Crepe bandages | 5 |
| Sterile dressings | 10 |
| Adhesive dressing (assorted sizes) | 5 |
| Cotton wool | 1 roll |
| Cleansing wipes | 1 packet |
| Elastoplast | 5 |
| Clean gloves | 5 pairs |
| Scissors | 1 pair |
| Antiseptic solution | 1 bottle |
| Antiseptic cream | 1 |
| Antihistamine ointment | 1 |
| Burn cream | 1 |
| Salbutamol inhaler | 1 |
| Paracetamol syrup | 1 bottle |
| Paracetamol tablets | 4 tablets |
| Aspirin cardio (for heart attack only) | 3 tablets |
| Actal tums | 4 tums |
| ORS (oral rehydration salts) | 1 box |
| Deep heat rub | 1 |
| Deep freeze spray | 1 can |
| Clean water | 1 bottle |

- The member of staff accompanying the trip is also responsible for checking the kit to ensure that all items they may need are there.

If an incident occurs on a school trip, the member of staff in charge should use their judgment as to what action to take. As this is Kenya and emergency services cannot be relied upon, very often this will involve taking a sick or injured child to the nearest hospital themselves.

The exception to this is on the Mt. Kenya trip, where the Mount Kenya Emergency Plan, detailed in the appendix and Trips Policy, will come into effect.

Science Department

There is a first aid kit and eye wash station in the Senior Science laboratory (Colobus Lab). These are maintained by the Science department. The Head of Science is responsible for keeping all Science teachers' up to date with current best practice in treating laboratory injuries in schools - which is a permanent agenda item in all departmental meetings.

Any minor injuries are treated immediately and recorded in the Accident Book. Any other injuries are referred to the School Doctor. See Appendix B - extract from the Science Department Handbook - Health and Safety and First Aid. The Science Department aims to minimize the risks associated with pupils being in the labs - whether experimenting or not.

Rugby Injuries

Rugby is the only full-contact sport we play and the potential for injuries is unavoidable given the physical nature of the sport.

In all coaching sessions (Divs sessions), we have at least two members of staff accompanying each group of pupils (often this number is three or four).

All coaches and teachers that are involved in rugby are IRB Level 1, 2, 3 or 4 qualified. This qualification is dependent on the undertaking and passing of a comprehensive First Aid module.

If, in the course of a training session a child is injured, members of staff will assess the injury. For any superficial & minor injuries, pupils will be taken to the School Doctor.

For any potentially more serious injuries, the School Doctor will be contacted immediately to attend the situation. If a pupil is unable to move or get up from the injury, after ensuring the pupil is kept in a still position, the back board would be used under the supervision of the School Doctor.

If, in the course of a match a child is injured, all Kenton College referees are qualified to referee (as well as in coaching) which again requires the undertaking and passing of a First Aid module. For match situations, the School Doctor is required to be at the pitch side and is therefore, available to respond immediately. The same protocol would be followed.

All injuries/accidents relating to rugby sessions/matches are filed in the correct file in the staffroom.

Mental Health

Kenton College aims to increase the awareness and understanding amongst staff and parents/carers of issues involving the mental health of children and to provide support to any pupil who is or appears to be suffering from mental health issues.

There is a fine line between appropriate responsiveness and inappropriate intrusiveness into the personal lives of pupils and their families. However, all staff must respond to their responsibility to ensure the wellbeing of all pupils.

Kenton College aims to help staff detect and address problems which appear to be being faced by pupils at the earliest opportunity, including in relation to thinking and attitudes relating to self-image, self-esteem and self-control. We aim to make available or enable access to appropriate support to pupils with mental health issues, including if necessary through the Learning Support Department and the Wellness Centre.

The Wellness Centre includes the Quiet Room. Pupils who are emotionally/mentally vulnerable due to family circumstances (bereavement, divorce or separation for example), personal circumstances or any other reason that may warrant some time to be quiet and reflect, are encouraged to visit the Quiet room and interact with the School Doctor if they wish.

REFERRALS: The School via the School Doctor and/or Deputy Head Pastoral may make indirect referrals or support families to contact outside agencies where necessary. We will liaise with any outside agencies if required to provide support to pupils while they are in School. Any member of staff concerned about the mental health and wellbeing of a pupil should speak to the pupil's Form Tutor about their concerns. The Form Tutor should then notify the Coordinator, who will monitor and support them, and initiate onward referral to the School Doctor and DHP if appropriate. This may then require a further referral to an outside agency. If it is felt that the pupil is in immediate danger of harm, then the normal Safeguarding and Child Protection procedures should be followed.

If the pupil has seriously self-harmed, then staff should follow the normal procedures for medical emergencies. Safeguarding/Child Protection procedures are to be followed in this instance.

Summary

Due to the nature of the country we live in, emergency services are not always reliable.

At school, the School Doctor and the teacher present should make the decisions as to what the appropriate course of action should be.

On school trips, it is up to the member of staff in charge to make that judgment.

Remember that safety of the child is of paramount importance and if there is any doubt, the child should be taken to the nearest appropriate hospital.

In order of preference:

- Option 1 - School Doctor is raised and takes over the medical care of the injured person
- Option 2 - School transport used to get the injured person to Hospital:
- Gertrudes Children's Hospital, Lavington - 1.8km - for children or
- Aga Khan hospital, Westlands - 2.8km - for adults
- Option 3 - Personal transport used to get the injured person to the hospitals above

APPENDIX A - Kenton College Mount Kenya Expedition Emergency Plans

There will be a Kenton vehicle remaining at the Sirimon Gate throughout the expedition. This will be used to remove injured/sick party members to Nanyuki Cottage Hospital or Nairobi.

In the event of a serious injury (broken limbs or serious sickness) the person will be judged in need of immediate evacuation. *Before this can happen the injury will need to be assessed and if it is a neck or back injury the person is not to be moved, but kept warm and Mountain Rescue alerted who will be medically qualified to move the person.* If it is not a neck or back injury, the porters will carry the injured person down to the Sirimon Gate, where they will be driven (or flown in serious cases) to an appropriate hospital.

In the event of altitude sickness:

- a) within 10km of Old Moses- they return there with a member of Kenton staff and porter. They will then wait there for the party to return or make the climb the following day to Shiptons if they have recovered.
- b) Nearing Shiptons- they push on to Shiptons to get to shelter to avoid the plummeting temperatures after dark. If still bad in the morning they will then descend to Old Moses with a member of Kenton staff and porters
- c) At any time the onset of altitude sickness will be dealt with by descending to the nearest hut, or, if at night, then first thing in the morning.

AAR have been alerted to our expedition and are ready to help how they can.

Nanyuki Cottage Hospital have been alerted to our expedition and are ready to receive injured/sick persons.

The Flying Doctors (Amref) have been alerted to our expedition and can make preparation to land at Nanyuki airstrip or the Sirimon Gate airstrip in exceptional circumstances.

A member of Kenton staff will accompany children at all times. If the staff get sick/injured and there are none to escort the children on the final ascent, then **no** children will make the ascent. This is because while the porters/guides are capable, they are not teachers and do not necessarily have the control of the children a teacher does.

If a child is misbehaving/not following instructions and puts themselves or other members of the party at risk, then they will be escorted to the nearest hut to await the return of the rest of the party.

All children have individual medical insurance and the trip leader will have their cards.

Appendix B - Extract from the Science Department Handbook "First Aid"

First Aid

Heat burns and scalds

1. Lay down the person, making sure the burn/ scald does not come into contact with the ground.
2. Cool down the burn/scald with cold water (10 minutes). Do not use creams or oils.
3. Remove clothing, rings, belts and anything around the burn, as the burn will start to swell.
4. Cover the burn with a dressing. Make sure it is sterile so the burn does not get infected.
5. Till Dr arrives, check person is breathing properly and monitor their pulse regularly.

Chemical burns

1. Take the injured person away from place where the accident happened.
2. Remove any clothing that has chemical on it.
3. Wash the chemical burn with cold water for at least 20 minutes.
4. Apply a cold, wet cloth to the burn.
5. After all of the chemical is washed away cover it with a sterile dressing.

Injury from breathing in fumes or swallowing chemicals

1. Make sure the casualty is able to breathe (if not perform CPR).
2. Do not make the casualty vomit.
3. If the person does vomit, clear their airway.
4. Whilst waiting for medical help, make sure the person is comfortable on their left side.
5. If the chemical has spilled onto their clothes, remove and wash the affected skin with cool water.

Electric Shock

1. Take the victim away from the source of energy (protecting yourself from shock).
2. Turn off the source of electricity.
3. Make sure the person is breathing, and begin CPR if it is necessary.
4. Raise the victim's legs and make sure the victim's head is lower than his body.
5. Put a blanket over the victim to keep him warm.
6. Call for medical assistance.

Particle in eye

1. Rinse out your eye with water until the particle has been washed out (15 minutes).
2. If it does not wash out, bandage the eye loosely and look for medical help.
3. Refrain from rubbing the eye as this could cause damage.

Chemical in eye

1. Go to the nearest water source (eye wash) Tilt persons head to the side of the eye with the chemical.
2. Open the eye and ask person to look into the water whilst rinsing it out (15 minutes).
3. After you have washed out your eye seek medical attention.

Cut in the eye

1. Loosely bandage the eye and seek medical attention.
2. Do not rub, touch or rinse the eye with water.