



WINCHESTER  
COLLEGE

## FIRST AID POLICY

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### Introduction

The Health and Safety (First Aid) Regulations 1981 place a duty on the College to make adequate first aid provision for its employees, should they become ill or injured at work. The associated Approved Code of Practice (ACoP) to the Regulations expands on this, giving details of what is classed as adequate.

The following are the provisions contained within *Regulations 3 and 4*:

- *Regulation 3 (1)* requires provision of such equipment and facilities as are adequate and appropriate in the circumstances for enabling first aid to be rendered to employees if they are injured or become ill at work.
- *Regulation 3 (2)* requires provision of an adequate number of trained personnel to render this first aid.
- *Regulation 3 (3)* allows for competent persons to cover for temporary and exceptional absences of trained first-aiders.
- *Regulation 4* requires employers to inform their employees of the arrangements made for first aid, including the location of equipment, facilities and personnel.

### **Staff First Aid Training**

The College will ensure that there is a suitable number of trained first-aiders. To be classed as a trained first aider, the designated employees must have undertaken a course approved by the HSE, and any necessary refresher training. HSE governed first aid qualifications last for three years. Therefore, for an employee to maintain their qualification, it needs to be updated before the third anniversary of the last certificated training course they attended and passed. The Health & Safety Officer can be contacted to assist in arranging training.

The two main types of qualifications for first aid are:

- First Aid at Work: (3-day)

- Emergency First Aid at Work: (1-day)

There are no set limits for numbers of first aiders. These should be decided after considering:

- nature of work and levels of risk involved;
- size and location of workplace and distance from medical facilities;
- hours of work.

However, the ACoP suggests that the number should never be fewer than 1 trained first aider for every 50 employees. Where shift work or long hours are worked, adequate cover must be provided throughout the working period. Where there are specific hazards, which are outside the normal approved syllabus, it is the employer's responsibility to ensure that necessary additional training and facilities are available. Examples are a danger of poisoning by certain substances or burns from hydrofluoric acid.

The number of qualified first-aiders in the College is far in excess of the recommendations from the government. However, it is the responsibility of each department and boarding house to ensure that it has sufficient first-aiders either within their own site, or the provision of another first-aider has been sought from an adjacent or local site. This information must be made available to all the departmental or boarding house employees. An up-to-date list of first aid qualified personnel can be found on the College Portal. The Porters' Lodge can be contacted to coordinate the services of first aid qualified personnel and direct them to where they are required.

The Boarding Houses have identified the roles that require first aid training:

- Housekeeper / Matron – First Aid at Work
- Housemaster and Relief Matron – Emergency First Aid at Work

The Boarding Houses are also encouraged to train one other person to the Emergency First Aid at Work standard. The H&S Committee have agreed that this person should be a full-time chef.

To fulfil our requirement of all school trips having first aid trained personnel attending, a rolling programme of training many of our academic staff is in place. In most cases the gaining of this qualification takes place as part of the September training day and is organised by the H&S Manager and Director of Studies (DoS).

### **First Aid Kits**

Each department should have either its own first aid kits or a kit shared with an adjacent department. It is the responsibility of the department to ensure that the box is maintained to the required level. Each area of the College must ensure that all relevant persons are made aware of the first aid facilities and who the trained first aiders are. This information must be specified quite clearly in each area's own Code of Practice and be reviewed regularly. The area in which the first aid kit is kept should be conducive to keeping the casualty calm; for example, in the Surgery (Boarding Houses), DoS's office (Flint Court), *First Aid room (PE Centre)*. The H&S Manager maintains a log of where all the first aid boxes are located across the campus.

The College agrees to follow the Health and Safety Executive: First Aid at work: The Health and Safety (First Aid) Regulations 1981. Guidance on Regulations L74 and BS 8599-1:2019 for the contents of all first aid kits.

The Health and Wellbeing Centre hold or can order replacement supplies.

First aiders must not administer homely remedies to an employee.

### **Automated External Defibrillators**

The College currently has six automated external defibrillators across its sites, including the Health and Wellbeing Centre (list of locations available in Appendix V). These can be used by anyone and training is not required as each defibrillator contains instructions on use and provides audible instructions.

### **Accident Reports**

It is essential that the accident form is completed and that the H&S Manager is informed of all accidents in order to record and support efforts to prevent a recurrence.

Housemasters, Matrons and, in most cases, the Health and Wellbeing Centre must be informed of any accident that affects a pupil of the College, irrespective of where on College grounds the accident happened.

In the event of a significant illness or injury the parents (or a nominated other person) will be informed by the Health and Wellbeing Centre of the incident and any associated outcome. Less significant injuries or illnesses will be individually assessed by the *Matron or a school nurse* before contact is made with the parents (or a nominated other person).

Pupil accident reports must be made via CPOMS.

Staff, Visitors, Contractors, and all other accident must be reported via the Accident Reporting quick link tab on Smartlog, accessible via the H&S page of Wykehampedia. When an accident report is completed, this is automatically emailed to the Administrator. The report contains: Personal Details, Details of accident/incident, Details of first aid administered, Root Cause Analysis, Severity of the injury and RIDDOR and Manager notes/follow-up.

### **RIDDOR**

RIDDOR refers to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, which came into force on 1 April 1996. These regulations require the reporting of work-related accidents, diseases and dangerous occurrences.

Establishing if an incident is reportable is the responsibility of the Health and Safety Manager, but broadly speaking if any of the following are applicable to the incident the H&S Manager should be made aware immediately:

Employee:

- over seven days of absence from work because of sickness
- a major injury or condition
- a fatality

Non-employee:

- Requires hospital treatment

## **Responsibilities of trained First Aiders**

First aiders are expected to operate responsibly and within the knowledge acquired through their first aid training only. They must be prepared to treat any person in need of first aid who is on Winchester College property. Should a first aider deem a circumstance to be outside the scope of their first aid training, an ambulance may be required and 999 must be called. Additional information may be required from the following sources:

- **Health and Wellbeing Centre** – if the first aid emergency concerns a pupil, the Health and Wellbeing Centre may be contacted at any time for advice and background medical history.
- **Bursary** – if the first aid emergency concerns an employee, the H&S Officer (or, in their absence, the Estate Bursar) can be contacted during office hours for any known background medical history.

First aiders will make a judgement as to whether an illness or medical-related condition requires an emergency 999 call. Examples are:

- Epilepsy
- Diabetes
- Asthma
- Anaphylaxis.

The main duties of first aiders are to give immediate first aid to pupils, staff or visitors when needed and to ensure that an ambulance or other professional medical help such as the medical team in the Health and Wellbeing Centre is called when necessary. The medical team may not always be able to come out to the incident for support as they are lone workers certain shifts. Telephone advice will always be given at all times if needed.

If the First Aider has concerns regarding any injury/illness and believes the patient to be in danger (e.g. suspected anaphylactic reaction, hypoglycaemic, having a seizure, altered level of consciousness or significant blood loss), an ambulance should be called immediately. The Health and Wellbeing Centre may be contacted during term time for additional support.

It is essential that any relevant medical information is passed on to the paramedics. The Porters must also be informed that an ambulance will be coming to the College should any gates or barriers need to be unlocked.

Pupils, either of the College or from a visiting school, must always be accompanied in the ambulance by an appropriate adult.

## **Body Fluids**

First-aiders must be aware of all safety measures regarding body fluid spillages. Please refer to the Infection Control Policy on the College Portal.

Winchester College fully indemnifies its staff against claims for negligence arising from the administration of first aid to employees or \*third parties, provided the members of staff are acting within the scope of their employment at the time; hold a current approved first aid qualification; and are following the guidance of their training.

*\*the term 'third party' refers to anyone who is not an employee of the College.*

First-aiders should give one month's notice if they do not wish their first aid qualifications to be renewed.

**Useful Information:**

Health and Wellbeing Centre, Winchester College – 01962 621228

The H&S Manager, Winchester College (Bursary).

Lists of First Aid qualified personnel can be found on Wykehampedia - Operations Hub > Health and Safety > First Aid Information

**APPENDICES**

I Allergies

II Asthma

III Diabetes

IV Epilepsy

V Defibrillators

## **APPENDIX I**

### **ALLERGIES**

#### **Aim:**

To outline the School's procedures for caring for boys with allergy, including a suspected anaphylactic reaction, and to ensure that the best possible support is in place for both pupils and staff in relation to allergy.

#### **Identifying pupils with allergy:**

- Allergy information is transferred from a pupil's medical arrangements form, on admission to Winchester College, to the school database. Winchester College Medical Centre (WCMC), Housemasters and Matrons all have ready access to this information. Any boy who has an Adrenaline injector device e.g. EpiPen, Anapen or Jext, also has this information highlighted on the school database and the Lead Nurse contacts the relevant housemaster and matron prior to his arrival to discuss individual requirements.
- Any boy with an allergy to an allergen that may be present on campus, a substance used in Science or Art lessons for example, would be discussed on an individual basis and the necessary staff informed of any action that needs to be taken.
- Boys prescribed Adrenaline injectors are also added to a photographic register, with their allergies listed, which is then circulated to all matrons to display in appropriate places within the boarding house, and must include the kitchen. This list is sent to all matrons, regardless of medical histories within a House, and is amended as necessary by the Lead Nurse.
- Staff taking boys on School trips are able to access allergy information by requesting a medical information report from the school office prior to a trip. Staff are encouraged to ask WCMC if they have any queries regarding any medical conditions and to request an update on allergy and how to give Adrenaline, if required. Overseas trips are discussed in further detail with the Trip Organiser, and a letter is requested from the School Doctor to ensure safe carriage of any Adrenaline injectors on airlines.

#### **Care of boys prescribed an Adrenaline injector:**

- Any boy prescribed an adrenaline injector must have an individual management plan. This should include a detailed action plan in the event of a suspected anaphylactic reaction i.e. specific allergy, potential symptoms, location of emergency medicines and emergency contact numbers. This plan must be reviewed at least annually by a school nurse.
- Copies of the individual management plan should be kept in the emergency protocol folder at WCMC and with each pupil's emergency medicines box. The emergency medicines box must be kept in an easily accessible place in the boarding house where the pupil resides.
- Copy of the plan should be given to boys by Matron before going on a trip. This plan is to be given to the Trip Leader.

### **Further precautionary measures:**

- Allergy link nurse to undergo regular Allergy updates to maintain current best practice.
- Medical information, including allergy details, should be updated at least annually by parents. Matrons send out a reminder e-mail to all parents.
- Kitchen and dining-room staff are to be kept informed of any special dietary requirements by Matron, and the need for any specific procedures such as avoidance of cross-contamination.
- Allergy link nurse liaises with houses to provide in-house allergy training to all relevant house staff, if there is a boy in house with an Adrenaline injector.
- Allergy training is provided for academic staff on an annual basis.

### **Medicines and Storage:**

- Parents should provide a covering letter for any medicines brought to school from home.
- Pupils who have been prescribed Adrenaline injectors should carry them at all times, along with any relevant oral antihistamines (Clark, 2009).
- An Emergency medicine box, containing a second Adrenaline injector and individual management plan, must be stored in a safe, but easily-accessible place – not in a locked cupboard (Clark, 2009).
- All House staff should be aware of the location of any emergency medicines (Clark, 2009) and the box must be clearly labelled with the pupil's name.
- Matron is responsible for checking expiry dates on emergency medicines and for re-ordering medicines as necessary from WCMC.
- The member of staff organising a school trip, must be responsible for checking pupils have their emergency medicines prior to leaving, and also for ensuring they are returned safely to house after the trip.

### **During a suspected anaphylactic reaction:**

- The pupil should not be moved and is to be accompanied where possible. Help should be summoned immediately (which may necessitate leaving the pupil) and the emergency medicine box collected. The individual management plan is to be followed.
- In the event of an Adrenaline injector being required, an ambulance must be called immediately, before the pupil's emergency contacts. Pupil should remain lying down (or sitting if breathing is difficult). Do not allow pupil to stand or move around. Recovery position is to be adopted if pupil is unconscious or vomiting.
- WCMC to be contacted for advice and assistance if possible.

References: 8 Clark, S (2009) Anaphylaxis Part 2: Managing severe allergies in school. *British Journal of School Nursing*. Vol 4 (7): 218-22 Pumphrey, R (2003) Fatal Posture in Anaphylactic Shock. *J Allergy Clin Immunol* 112 (2): 451-2.

## **APPENDIX II**

### **ASTHMA**

The School recognises that asthma is a widespread, serious but controllable condition affecting many pupils (approximately 10%) at the school. The School welcomes all pupils with asthma. The School encourages pupils with asthma to achieve their potential in all aspects of life by having a clear policy that is understood by staff and pupils, including training for the staff as required.

#### **The Management of Asthma**

Asthma is recognised as a *variable* condition, mostly caused by inflammation of the airways of the lungs. Swollen tissue and increased mucus production leads to narrowing and blocking of the airways, which inhibits the flow of air through the lungs.

Immediate access to reliever (usually blue) inhalers is essential. Pupils with asthma are encouraged to carry their reliever inhaler at all times. Pupils are allowed unrestricted access to WCMC for advice and review of their asthma symptoms and control at any time. They are all reviewed termly by the Asthma link nurse who will arrange a doctor's appointment if required.

Pupils are registered with the School doctors at the St. Clements Practice in Winchester. Pupils with asthma will have a "Personal Asthma Action Plan." The WCMC nurses can administer medicines in accordance with this action plan. New and spare inhalers will be prescribed by the School doctors, and ordered as required by matrons from the WCMC. Spare inhalers must be kept in a locked medicine cabinet at the pupil's boarding house.

Staff are not required to administer asthma medicines to pupils except in an emergency, though many of the staff are happy to do this. Staff who do this are covered by School insurance when acting in agreement with this policy. Pupils take their own asthma medicine when they need to.

WCMC can be contacted regarding information on a particular pupil's asthma requirements.

#### **Personal Asthma Action Plans or Self-Management plans**

Personal asthma action plans are built around regular peak flow readings and medicines adjusted accordingly. The measurement of peak flow is the most widely used lung function test. Peak flow measures how fast a person can exhale, and indicates the diameter of the bronchial tubes at the time the person performs the test.

As part of a Personal Action Plan, pupils with asthma requiring regular asthma medicine (i.e. preventer inhalers (usually brown) as well as reliever inhalers) will be required to keep a peak flow diary and be provided with their own peak flow metre. Peak flow readings should ideally be taken in the morning and evening (the best of three readings should be recorded). Pupils will be advised to attend WCMC if their peak flow reading falls below a usual level (approximately 20% below their personal best peak flow). Pupils are encouraged to take responsibility for their own asthma symptom-control-monitoring, and peak flow reading and recording.

Pupils who are not on regular asthma medicine (i.e. reliever inhaler only) should record their peak flow reading with their matron twice a week.



Pupils with asthma will have their asthma control reviewed at least annually by the School doctors or nurses. Pupils will be seen if they require more regular reviews.

### **Exercise and Activity**

Taking part in sports, games and activities is an essential part of life for all pupils, and they are encouraged to take their reliever inhaler approximately 10 minutes before physical exercise. Pupils are responsible for keeping their reliever inhaler with them at all times.

### **The General Environment**

The School does all it can to ensure the general environment is favourable to pupils with asthma. The School has a non-smoking policy. As far as possible the School does not use chemicals in science and art lessons that are potential triggers for pupils with asthma.

### **Asthma Attacks**

The following are signs of an asthma attack:

- coughing
- shortness of breath
- feeling of a tight chest
- wheezy breathing
- being unusually quiet

### **ACTION PLAN FOR A PUPIL SUFFERING AN ASTHMA ATTACK**

#### **SEND SOMEONE FOR HELP AND CONTACT WCMC**

- An adult should remain with the pupil throughout the asthma attack if possible.

#### **ADMINISTER RELIEVER (BLUE) INHALER IMMEDIATELY**

- Give 2 puffs of the blue reliever inhaler, ideally via a spacer device
- If there is no immediate improvement, give 1 puff every minute for 5 minutes, or until symptoms improve

#### **REMAIN CALM AND REASSURE THE PUPIL**

- Do not panic - with reliever medicine an asthma attack is treatable
- Comfort and reassure the pupil, but do not restrict their breathing

#### **HELP THE PUPIL TO BREATHE**

Allow the pupil to assume the position most comfortable for him:

- Do not force him to lie down; he may feel more comfortable sitting upright
- Loosen any tight clothing

- Encourage him to breathe at a normal steady rate, and not to panic

### **CALL AN AMBULANCE IF**

- the pupil is unable to speak due to breathlessness
- the pupil appears exhausted, lethargic or blue around the lips
- the reliever medication has no effect after 5 to 10 minutes
- you have any doubts about the pupil's condition If the pupil is taken to hospital ensure he is accompanied and inform WCMC. Minor attacks should not interrupt a pupil's involvement at School. When he feels better he can return to School activities.

## APPENDIX III

### DIABETES

#### Aim:

- To ensure any pupil displaying symptoms of Diabetes Mellitus (which will be referred to as diabetes for the purposes of this document) is identified promptly and appropriate care accessed
- To provide evidence-based ongoing care of those pupils known to have a diagnosis of diabetes
- To ensure prompt and appropriate care in the event of complications such as hypo or hyperglycaemia

#### What is Diabetes?

Diabetes is a long-term medical condition where the amount of glucose in the blood is too high because the body cannot use it properly.

There are two types of diabetes:

**Type 1** develops if the body is unable to produce any insulin and usually appears before the age of 40. It requires the individual to inject insulin (by injection or pump) for the rest of their lives. Pupils are most likely to have Type 1 diabetes.

**Type 2** develops when the body can still make insulin but cannot make it in sufficient quantities or produces insulin that does not work properly. This usually occurs in adults, but its incidence is increasing in children and young people.

Although diabetes cannot be cured, it can be managed and treated successfully. An essential part of managing diabetes is eating a healthy diet and taking regular exercise, as well as taking medication.

#### Care of pupils with diabetes

Any pupil with a diagnosis of diabetes will have a healthcare plan developed according to their individual needs. They will be reviewed in accordance with the latest clinical guidelines. Careful preparation will be required for school trips. A medic-alert should be worn at all times.

#### Signs, symptoms and complications of diabetes

*Hypoglycaemia* (“Hypo”): when the level of sugar in the blood is too low. Hypos can occur without warning and usually have a sudden, rapid onset.

Signs:

Hunger

Trembling  
Sweating  
Anxiety or irritability  
Rapid heartbeat  
Tingling of the lips  
Blurred vision  
Paleness  
Mood change  
Reduced concentration  
Vagueness  
Drowsiness

If hypoglycaemia is suspected in a pupil known to have diabetes:

If pupil is conscious, give something sugary, e.g. glass of Lucozade/Coke/fruit juice, 3 or more glucose tablets, 5 jelly babies or Glucogel

Call an ambulance if deemed necessary

Contact Winchester College Medical Centre (WCMC) for further advice immediately - further assessment will be required.

*Hyperglycaemia* (“Hyper”): when the level of sugar in the blood is too high. The symptoms of hyperglycaemia do not appear suddenly but usually build up over a period of time. Any pupil displaying these symptoms should be referred to WCMC:

Thirst  
Frequent urination  
Tiredness  
Dry skin  
Nausea  
Blurred vision

If left untreated, this can develop into ketoacidosis which is a life-threatening condition.

**If the following symptoms are present, call an ambulance:**

Deep and rapid breathing

Vomiting

Breath smelling of nail polish remover

First aiders are expected to operate responsibly and within the knowledge acquired through their first aid training only. Should a first aider deem a circumstance to be outside the scope of their first aid training, an ambulance may be required and 999 must be called.

## **APPENDIX IV**

### **EPILEPSY**

Aim:

- To ensure that any pupil displaying symptoms of epilepsy is identified promptly and that appropriate care is accessed
- To provide evidence-based ongoing care of those pupils known to have a diagnosis of epilepsy
- To ensure prompt and appropriate care in the event of an individual having a seizure

#### **What is Epilepsy?**

Epilepsy is a condition that causes seizures. A seizure is caused by a sudden burst of intense electrical activity in the brain causing temporary disruption to the way messages are passed between brain cells. There are many types of epilepsy and many different forms of seizure. Epilepsy can affect anyone, at any age. It is usually controlled with medication.

#### **Care of pupils with epilepsy**

Any pupil with a diagnosis of epilepsy will have a healthcare plan developed according to their individual needs. This should include information regarding their usual type of seizure, if there are any known triggers, what constitutes a medical emergency for the pupil, their usual emergency treatment and any specific arrangements made for daily activities. They will be reviewed as per the latest clinical guidelines. Careful preparation will be required for sporting activities, some school activities and school trips. A medic-alert should be worn at all times. Staff should be aware that pupils with epilepsy may have difficulty with concentration and become tired easily.

#### **Signs and symptoms of a seizure**

Staring into space/looking vague for a few seconds

Aura – e.g. strange taste, smell or tingling

Sudden contractions of muscles

Sudden loss of muscle tone causing person to drop to the ground

Fall to the ground followed by jerking movements of limbs, sometimes with incontinence

#### **Emergency procedures**

Protect the person from injury – guide to a safe area, cushion their head, look for a medic-alert Once the seizure has finished, place in recovery position to aid breathing Keep calm and reassure person Contact Winchester College Medical Centre Stay with the person until recovery complete

#### **Call for an ambulance if:**

You believe it is the person's first seizure

The seizure continues for more than 5 minutes  
One seizure follows another  
The person is injured during the seizure  
You believe the person needs urgent medical attention

**DO NOT:**

Restrain the person  
Put anything in their mouth  
Try to move the person, unless in danger  
Give anything to eat or drink  
Attempt to bring them round  
Contact Winchester College Medical Centre (WCMC) for further advice immediately: further assessment will be required.  
First-aiders are expected to operate responsibly and within the knowledge acquired through their first aid training only. Should a first aider deem a circumstance to be outside the scope of their first aid training, an ambulance may be required and 999 must be called.

## APPENDIX V

### DEFIBRILLATORS

Location	Address	Location	Ext	Special arrangements
<b>THULE PASSAGEWAY</b>		Under Matron in College's stairs	N/A	24 hours. Enquiries to Porters' Lodge X1227.
<b>HEALTH &amp; WELLBEING CENTRE</b>	<b>15/15a Kingsgate Street, SO23 9PF</b>	Treatment Room	X1228	Available in HWB Centre during term time.
<b>PE CENTRE</b>	<b>SO23 9PF</b>	Behind Reception desk	X1154	During opening hours.
<b>MUSIC SCHOOL</b>	<b>Culver Road, SO23 9JF</b>	External green cabinet near St Michael's Passage gate	X1445	0700-2100 hrs, accessible via perimeter key outside these hours.
<b>OLD TENT</b>	<b>(Grounds Office) Kingsgate Road, SO23 9PF</b>	External green cabinet south side of Old Tent	X1250	0700-2100 hrs, accessible via perimeter key outside these hours.
<b>TURNER'S</b>	<b>1 Compton Road SO23 9SL</b>	External green cabinet near squash court	X1329	24 hours. Enquiries to Porters' Lodge X1227.

There is also a defibrillator located at Kingsgate Tennis Club, Domum Road, Winchester, SO23 9NN.

[Defibrillators Locations 01092024.xlsx \(sharepoint.com\)](#)