



# Sydenham High School

G D S T  
GIRLS' DAY SCHOOL TRUST

## First Aid Policy Whole School: Senior School/Prep School

### Policy Statement

This policy is designed to promote the health, safety and welfare of pupils, employees and visitors to the school through the provision, administration and implementation of effective first aid.

'First-aid' means:

- Treatment of minor injuries which do not need treatment by a medical practitioner or nurse.
- In cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimising the consequences of injury and illness until such help is obtained.

### School Provision

The aim of first aid is to save lives and to ensure that minor injuries and illnesses do not escalate into major ones. Therefore, in accordance with good practice, ISI and DfE requirements, the school will ensure that:

- A first aid risk assessment is carried out to ascertain the needs of the school and the level of provision required. It will take into account:

- the number of employees / pupils on the site;  
- the location of sites and higher risk parts of the school site; and  
- the full range of activities undertaken by staff and pupils on the school premises during the normal school day and, as appropriate, off-site and outside normal school hours, e.g. before / after the school day, at weekends and during the school holidays.

As a minimum, at least one person with an HSE approved 'First Aid at Work' qualification (3-day training) must be present on each identifiably separate school site (Senior and Prep Schools) during the school day. If EYFS children are present, at least one person with a Paediatric First Aid qualification (2-day training) must also be present. It may be sufficient for an 'Emergency First Aider in the Workplace' (1-day training) to be present at other times, e.g. early mornings, evenings, weekends and holidays, when employees are on the site undertaking **low risk** activities, or **low risk** after-school clubs and activities are running however this must be determined by risk assessment. If there is any doubt about the level of risk of the activity, someone with a current 3-day first aid qualification should be present on site. Appropriately qualified and equipped first aiders will accompany all off-site sporting activities, fixtures, matches and events, and educational visits / school trips. All school trips undertaken by Early Years Foundation Stage pupils must be accompanied by at least one person with a Paediatric First Aid qualification.

The necessary first aid equipment and facilities are provided at appropriate locations throughout the School, as well as an adequate number of appropriately qualified First Aiders.

Adequate training and guidance is provided for First Aiders and, where appropriate specialist first aid training, for example:

- Paediatric First Aid for Early Years Foundation Provision
- Sports First Aid training for PE staff

- Emergency First Aid / First Aid for staff accompanying pupils on lower risk educational visits
- Activity First Aid / Outdoor First Aid / Rescue & Emergency training for staff accompanying pupils on higher risk educational visits or visits to remote locations (N.B. This is supplied through the specific outdoor activity provider).

All employees are made aware of first aid arrangements and such information is included in the induction process for new employees.

Lists of First Aiders' names, locations and contact details are prominently displayed.

Parents are made aware of the School's first aid arrangements and the procedures for informing them if their daughter has received first aid treatment at School.

A record is kept on CPOMS of any first aid treatment administered to pupils.

Staff and visitor first aid is documented on RivoSphaeracloud. More serious injuries to pupils are recorded on RivoSphaeracloud also, following [GDST guidance](#).

A written record is kept of all injuries to employees and pupils occurring both on and off the School premises as a result of School activities. Records will be kept in accordance with the Trust's policy on the retention of documents (for pupils until they are aged 25, and for staff, contractors and visitors for a minimum for five years).

The HSE is informed of injuries that are reportable under RIDDOR without delay.

'Dangerous occurrences' and significant 'near misses' are recorded on RivoSphaeracloud

First-aid and accident reporting arrangements are regularly reviewed.

For more detailed information see the [GDST First Aid Policy](#)

## **School Practice & Arrangements at the Point of Need**

All school employees are expected to use their best endeavours at all times, particularly in emergencies, to secure the safety and welfare of pupils.

### **Senior School**

The member of staff with responsibility for First Aid in the Senior School is the School Nurse. Employees should report First Aid issues to the Nurse in the first instance. It is a part of the Nurse's responsibility to administer first aid and to organise a pupil's transfer to hospital in the case of an emergency. If the Nurse is not in school, employees should report First Aid issues to the School Office and they will contact a First Aider to handle the situation.

### **Prep School**

The member of staff with responsibility for First Aid in the Prep School is the part-time Prep School Nurse, supported by the full-time School Nurse. Named teaching staff and teaching assistants are First Aid Trained in the Prep School. There are specific members of staff who hold a Paediatric First Aid qualification, in accordance with the rules which govern the EYFS, and. One member of staff holds the three-day first aid qualification. Most other teaching staff and TAs hold a one-day Emergency First Aid qualification which has a paediatric element to the training.

A Risk Assessment will determine the number of first aiders and their training requirements for the school. This will take into account before and after school events, number of employees / pupils on

the site, location of sites and any high-risk areas and off-site activities.

The school invites staff to become First Aiders/appointed persons and will provide the necessary training. A register of First Aiders/appointed persons (shown at Appendix C) is maintained, and copies of training certificates are kept.

A member of staff who is a 'First Aider' has completed a three-day First Aid at Work HSE-approved course and holds a valid certificate of competence. The certificate is valid for three years. First aiders are qualified to give immediate help to casualties with common injuries and illnesses and those arising from specific hazards in school.

Someone trained as an one-day Emergency First Aider in the Workplace is not a First Aider but, in the absence of the First Aider, can take charge of an injured person until a First Aider arrives and takes responsibility for the incident.

All staff with a First Aid qualification are covered by the Trust's insurance against claims for negligence provided that they are suitably trained, are carrying out their duties for the Trust and act within the school's guidelines for the administration of first aid.

### **First Aid Accommodation**

The Education (School Premises) Regulations 1996 requires that schools have a suitable dedicated room for the care and treatment of pupils. It must contain a washbasin, be near a toilet and appropriate for its use as a first aid room. In the Senior School, this is located near the Longton Hall, and in the Prep School, it is located next to the Reception.

### **First Aid Equipment and Materials**

Detailed information regarding first aid equipment and materials can be found on the [GDST Health and Safety Sharepoint](#)

First aid containers marked with a white cross on a green background are sited in the following areas:

<b>Senior School</b> Senior medical room- box & multiple bags Main office-in the cupboard Kitchen-on the window ledge Staff room-on left by the bins as you come in the door Chemistry-on the shelf in prep room Physics-in the prep room by the window Biology-on the shelf in the prep room Sixth form lab- on the shelf behind the door Art studio-on the shelf behind the teacher's desk Centenary building-in the Maths office DT-near the sink in the workshop Cookery room-on the window ledge nearest the door Performing arts office-on the shelf PE office-4 kits Sixth form-on the top of the filing cabinet in the head of sixth form's office Data and Finance office-on top of cupboard Library-on the shelf in the library office	<b>Prep School:</b> Medical room Library Science room-in wall cupboard Kitchen-by the window Staff room Reception class-on the shelf by the door to the playground On windowsill by door to playground near Year 2
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First Aid Kits are in all the minibuses

2 First Aid Kits are at the Sports ground

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The School Nurse is responsible for stocking and checking the first aid kits on a regular basis, and making records of when the boxes have been checked. Additional supplies are available from her if necessary.

Heads of Department in areas where boxes are located are asked to notify the Nurse when supplies have been used in order that they can be restocked without delay.

All First Aiders should be aware of the guidance on infection control and provision and use of personal protective equipment which can be found in the Infection Control Policy. The school also has defibrillators located in the Medical Room at Prep School, the School Office at Senior School and at the Sports Ground.

## **School Procedures in the Event of an Emergency**

Examples of emergencies which require immediate first-aid assistance and/or an ambulance include:

- Severe allergic reactions
- Asthma attacks
- Epileptic fits
- Difficulty in breathing
- Fainting
- Hypoglycaemia in diabetics
- Bleeding
- Breaks or sprains
- Concussion

If an employee or pupil witnesses an accident and the injured person is able to walk, they should be accompanied to the Medical Room at Senior School or to Reception at Prep School. If the Nurse is not available, a message should be sent to Reception who will contact a first aider. Do not leave the injured person unattended.

If an employee or pupil witnesses an accident and the injured person does not seem able to move, no attempt should be made to move them. A message should be sent to Reception for assistance.

Further information on the action to take in the event of anaphylaxis, asthma attacks, seizures and hypoglycaemia/hyperglycaemia can be found in the [GDST Chronic Illness Protocol](#).

## **School Procedures for Non-Emergency Situations**

It is assumed that all pupils attending the school are sufficiently healthy and fit to cope with the school day without leaving lessons for medical attention. The First Aiders are there for accidents, emergencies and illnesses that occur during the course of the school day.

If a pupil is too unwell to remain in school, the Nurse or the School Office will contact her parents to make arrangements for her to be taken home, or to inform parents that the pupil needs to be taken to hospital. Any pupil who has had an accident requiring urgent medical treatment will be taken by ambulance to a local A&E Department or to a minor injuries clinic. The parents will be informed as soon as practicable by a member of staff.

## **Accident Reporting**

All accidents must be documented. Practical departments in the school must keep their own log of accidents. All serious accidents should be reported immediately to:

- Head
- School Nurse, Senior School medical room, Ext. 38099 or Prep School via School Office Ext. 38070 or first aider on duty
- Health & Safety Coordinator, Ext. 38015

All dangerous occurrences or near misses should be reported to:

- Head
- Health & Safety Coordinator, Ext. 38015

Accident reporting is done as follows:

- CPOMS – CPOMS entries are kept for all medical notes and contains every interaction between the Nurse and a pupil. If the Nurse is unavailable, a first aider should list names and treatment on a separate sheet of paper, which can be collated into CPOMS. Teaching staff with queries should speak directly with the Nurse. The Nurse may choose to record certain interactions that are confidential matters, using the Nurses Notes tab of CPOMS to do so.
- Online Accident Reporting using RIVO/Sphera:- For all accidents to employees, pupils, contractors and visitors which result in injury – however minor. May also be used for reporting incidents, near misses and work-related health problems. The online forms are completed by the Nurse, the Director of Operations & Finance or RivoSperacloud trained staff, and are viewed by Trust Health & Safety Advisers. Statistical reports are anonymised for reporting to Health & Safety Committee, etc.
- RIDDOR F2508 form – A RIDDOR report will be made by the Director of Operations & Finance or the School Nurse through the online accident reporting program if an accident to an employee results in a major injury or seven days or more incapacity for work or a trip directly to hospital, or if an accident to a pupil or member of the public results in a trip to hospital and arises out of the School's activities. The RIDDOR report should be completed as soon as possible, and must be completed within 10 days of the incident (15 days if it is an over 7-day incident). The online HSE report reference number must be added to the RIVO/Sphera report in the 'RIDDOR reported' box.

Parents are contacted by phone as soon as any pupil has visited the Medical Room following a RIVO/Sphera reportable accident or all head injuries. If the condition does not improve, parents will be called and asked to arrange collection. If an ambulance is required, the pupil should be escorted to hospital by an available member of staff, and parents asked to meet their daughter at the hospital.

INSIGNIFICANT INJURIES to PUPILS				
Category	Examples	First Aid Treatment	Records	
1	<b>Superficial</b>	<ul style="list-style-type: none"> <li>• Paper cuts</li> <li>• Small splinters</li> <li>• Gentle 'bumps' during playground games</li> </ul>	'Rub it better'  No first aid treatment required  May be seen by School Nurse	CPOMS (only if seen by School Nurse, otherwise no records required)
2	<b>Minor</b>	<ul style="list-style-type: none"> <li>• Minor cuts and grazes</li> <li>• Minor burns</li> <li>• Minor impact injuries</li> <li>• Minor sprains</li> </ul>	Can be effectively treated by a <b>first aider</b> , e.g. application of a plaster or ice pack	CPOMS

SIGNIFICANT INJURIES to PUPILS			
Category	Examples	First Aid Treatment	Records
3 <b>Moderate</b>	<ul style="list-style-type: none"> <li>• Head injuries</li> <li>• More serious cuts &amp; grazes</li> <li>• More serious impact injuries</li> <li>• More serious strains/sprains</li> <li>• Moderate burns</li> <li>• Injuries with associated swelling, pain and tenderness</li> <li>• Allergic reactions</li> </ul>	<p>Assessment and treatment by <b>school nurse</b> as expert advice needed re nature of treatment and / or ongoing management of injury required</p> <p>If the injured person goes to hospital / GP / dentist for a check-up as a precaution, but <b>does not receive any treatment</b>, then injury should be classified as <b>'Moderate'</b></p> <p>X-rays and scans are diagnostic tests and are <u>not</u> classified as 'treatment'</p>	Cross ref on CPOMS <b>and</b> RIVO/Sphera
4 <b>Severe</b>	<p>Broken/fractured bones</p> <p>Injury resulting in several days off work/school</p> <p>More serious burns</p> <p>Allergic reactions</p>	<p><u>Treatment</u> in hospital / by GP or dentist e.g. limb being put in a cast, stitches applied</p> <p>X-rays and scans are diagnostic tests and are <u>not</u> classified as 'treatment'</p>	Cross ref on CPOMS <b>and</b> RIVO/Sphera
5 <b>Life changing / Fatality</b>	<ul style="list-style-type: none"> <li>• Permanent disability</li> <li>• Amputation</li> <li>• Life changing injury</li> <li>• Fatality</li> </ul>	Major treatment in hospital	Cross ref on CPOMS <b>and</b> RIVO/Sphera

Accidents occurring on school trips must be reported on the relevant forms as soon as possible on return to School, a paper form can be completed whilst on the trip, but the information must be transferred onto the correct electronic system as soon as practicable.

### EYFS Accident Reporting to Parents

Parents are informed of any accident or injury sustained by the child on the same day, or as soon as reasonably practicable, and any first aid given.

### Hygiene Procedures for Dealing with Spillages of Body Fluids

Employees should ensure that any spillages are dealt with quickly and safely. Spillages should be

disinfected properly and the surface on which the spillage occurs should be taken into account, e.g. carpet / hard surface. The area should be quickly blocked off. Protective clothing e.g. gloves should be worn. All materials used to clear the area must be disinfected or destroyed.

## **Dealing with Particular Medical Conditions**

### ***Asthma***

#### The Asthma Attack – What to Do

When dealing with an asthma attack, the main aim is to ease the breathing and if necessary get medical help. Pupils with asthma learn from their past experience of attacks; they usually know just what to do and will probably carry the correct emergency treatment. If a pupil becomes breathless and wheezy or coughs continually: -

Keep calm. It is treatable. Call the Nurse or first aider. Reassure the pupil.

Let the pupil sit down in the position she finds most comfortable. Do not make her lie down.

Ensure the reliever medicine, (usually the blue container) is taken promptly and properly.

- Wait five minutes. Reassure all the time.
- If the symptoms disappear the pupil can go back to what she was doing.
- If the symptoms have improved but not completely disappeared, call the parents and give another dose of the inhaler.
- If the pupil's inhaler is not in school, use the school emergency inhaler if the pupil has consent.

#### Signs of a Severe Asthma Attack

Any of these signs means severe.

- Normal reliever inhaler does not work
- The pupil is breathless enough to have difficulty in talking normally
- Blue tingeing around the mouth
- Rapid breathing
- If you have ANY doubts about the pupil's condition, take the following action.

#### A Severe Asthma Attack – What to Do

- Keep trying the reliever inhaler every 5-10 minutes. Do not worry about possible overdosing.
- Call an ambulance. A member of staff should accompany the pupil for reassurance.
- Notify the parents or emergency contact. Arrange for them to meet their daughter and member of staff at the hospital.
- Continue to reassure the pupil and if possible have the current annual consent form and Care Plan ready to give to the ambulance crew.

### ***Diabetes***

Children with diabetes need encouragement, understanding, and support to ensure a sense of independence. As a general rule, most children will have a very good idea of how to manage their condition, and do so very well. It is therefore important to listen to their needs.

#### HYPOGLYCAEMIA (Low Blood Sugar)

Hypoglycaemia (hypo) is the most common short-term complication in diabetes and occurs when the blood glucose level falls too low. This is especially likely to happen before meals.

Hypo happens very quickly but most children have warning signs that will alert them, or people around them, to a hypo.

Watch out for: Excessive sweating, faintness, paleness, headache, tingling lips, pounding of the heart, blurred vision, hunger, irritability, lack of concentration, personality change, difficulty waking

What to do: Contact the Nurse/First Aider  
Give sugar or food containing sugar (e.g. three glucose tablets or a drink with two tsps. sugar followed by biscuits, a yogurt or a sandwich - improvement

within 15 minutes)  
If available, put Glycogel on the inside of the cheeks and gently massage them on outside (as per packet/Health Care Plan instructions)  
Do not give Glycogel or fluid if person is unconscious  
If unconscious put into the recovery position  
Dial 999 & contact parents  
Always turn off an insulin pump if used

#### Causes

Too much insulin  
Not eating enough food  
Unusual amount of exercise  
Delayed meal  
Stress  
Hot weather

#### HYPERGLYCAEMIA (High Blood Sugar)

This develops much more slowly than Hypoglycaemia but can be more serious if untreated. Ketoacidosis, a condition that can occur when there is too little insulin present in the body can occur. It is unlikely to be a problem in school but it is helpful if staff are aware of the symptoms; it may also be noticeable if a pupil is away on a school trip for any length of time.

#### Stage 1 -

Very thirsty, passing a lot of urine, feeling tired and weak, small amount of ketones in the urine, blood sugar level 15mmol/l or above

#### Stage 2 – ketosis

As above + nausea & vomiting, abdominal pain, deep rapid breathing, breath smelling of acetone, moderate to large amounts of ketones in urine, drowsiness, unconsciousness

What to do            Inform the Nurse/First Aider  
Do more frequent testing-either urine or blood test.  
Test urine for ketones, give fluids without sugar if able to swallow, pupil may be able to give themselves insulin injection.  
Call 999  
Contact parents

#### Causes

too little or no insulin  
eating more carbohydrates than diet allows for  
infection  
fever  
emotional stress  
less exercise taken than usual.

For good blood sugar control, diabetics are advised NEVER to miss an insulin injection

### ***Epilepsy***

Most seizures happen without warning, last only a short time and stop without any special treatment. Injuries can occur, but most people do not come to any harm in a seizure.

#### Emergency Management for Epilepsy

AIM: To protect the patient from injury and ensure that the airway is kept clear during unconsciousness. To reassure and give care when consciousness is regained. It is important to keep calm. Note the time the seizure starts

Call for help - another pupil can contact the Nurse/Duty First Aider  
Protect the casualty.

Ask bystanders to move away  
Maintain their dignity  
Remove potentially dangerous items/loosen tight neckwear and remove spectacles.  
Protect the pupil's head by placing a pillow under the head.  
Turn head to side if possible to maintain clear airway.  
Put anything in the mouth.  
Restrain or restrict movements during the seizure.  
Move, unless in danger.  
Give anything to eat or drink until fully recovered and alert

DO NOT:-

When the seizure has ceased

Check for breathing.  
If breathing present: - turn into the recovery position  
Continue to monitor response, pulse & breathing  
If breathing not present – be ready to give CPR  
Reassure – if patient seems confused, tell them what happened  
Check for Injury – apply first aid if necessary  
Observe and stay with patient until recovery complete  
Accompany to Medical Room & offer assistance if any incontinence etc.  
Notify parent/guardian

Complete relevant documentation

IT IS A MEDICAL EMERGENCY AND MEDICAL ASSISTANCE SHOULD BE SOUGHT IF:-

Someone has injured themselves badly in a seizure  
They have trouble breathing after a seizure  
One seizure immediately follows another or the seizure lasts more than five minutes and you do not know how long they usually last  
The seizure continues for longer than usually for that person  
This is the first seizure for the person

Not all seizures are the same therefore it is useful if observations can be made.

OBSERVATIONS

How did the seizure begin? Was there an aura?  
Is the onset generalised (whole body) or localised (just one part)? Was there any loss of consciousness, or altered awareness?  
Are there any convulsive movements?  
Did the pupil bite their tongue or pass urine during the attack?  
How long did the seizure last, and if more than one, what was the time interval in between?  
What is the condition of the pupil afterwards? Did they need to sleep?

Any other observations?

\*SEIZURE IN WATER

Watch for loss of coordination, possible involuntary movement of head, poor direction – may veer off course.

Management – approach from behind, ensure head is kept above water, tow pupil to shallow water, after attack assist pupil out of water to the side of the pool. First aid as above.

Classroom Management for Epilepsy

Staff will be aware of all epileptics. Communication with the school nurse and parents will ensure adequate support is provided. It is advisable for staff to ascertain from the pupil if s/he has informed her peers of her epilepsy and their degree of knowledge.

Absence Seizures

Understanding and a matter-of-fact approach are all that is needed.  
Staff should be aware of the need for the pupil to catch up on any information missed during the seizure.

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Other pupils may not be aware that anything has happened.

#### Tonic-Clonic Seizure

Calmly reassure the rest of the class and ask them to move away from the pupil having the seizure.

Whenever possible move the class out of the room.

Only move the pupil if there is a danger of sharp or hot objects or electrical appliances.

Send for the School Nurse/First Aider and request a pillow and blanket.

Follow the first aid guidelines as above.

If this is a regular occurrence, spare clothes should be kept at School in case of incontinence

Staff recognising a pupil with an increasing number of seizures or appearing drowsy, over-active, or inattentive should inform the Nurse.

Further Information and Guidance, see [the GDST First Aid section](#)

#### Appendices

Appendix A:- [GDST Guidance on First Aid](#)

Appendix B:- [GDST Guidance on Pupil Health & Well Being](#)

Appendix C:- [List of First Aiders](#)

Appendix D: [GDST Accidents, Near Misses, Dangerous Occurrences - Recording and Reporting Guidance](#)