



# CHURCHER'S COLLEGE

## **FIRST AID POLICY**

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SENIOR SCHOOL, JUNIOR SCHOOL AND NURSERY (INCLUDING EYFS)

June 2023

## **FIRST AID POLICY**

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## 1 Introduction

1.1 This policy relates to all sections of Churcher's College including the Nursery, Junior School and Senior School and has due regard for the Early Years Foundation Stage (EYFS). Throughout this document, the terms "the School" and "Churcher's College" refer to all sections of Churcher's College, unless otherwise specified.

1.2 For the avoidance of doubt, the medical guidelines concerning specific conditions/illnesses that are set out in paragraph 15, apply to all sections of the School.

1.3 Appendix 2 contains information and procedures that are specific to the Junior School and Nursery site.

1.4 Related policies:

The following policies and documents are also relevant to the School's First Aid policy:

- (a) The list of staff First Aid training held by HR in the Senior School and the School Administrator (in the Junior School and Nursery)
- (b) Policies on administration of medicines in school
- (c) Disordered eating policy
- (d) Health and Safety Policy
- (e) Pregnancy Risk Assessment

These policies and documents are available to staff on the School's intranet and hard copies are available on request.

## 2 Aims

2.1 To ensure that the School has adequate and appropriate equipment, facilities and procedures to provide appropriate First Aid; and

2.2 To ensure that the First Aid arrangements are based on a risk assessment of the School.

## 3 Internal Management

3.1 The School Nurses in consultation with the School Doctor and Headmaster and Head of the Junior School will:

- 3.1.1 ensure that the First Aid provision is adequate and appropriate;
- 3.1.2 carry out appropriate risk assessments in liaison with the Bursar;
- 3.1.3 ensure that the number of First Aiders/appointed persons meets the assessed need;
- 3.1.4 ensure that the equipment and facilities are fit for purpose; and
- 3.1.5 regularly keep the Headmaster informed of the implementation of the policy.

3.2 All staff in charge of pupils (including volunteer staff) must use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils in the same way that parents would be expected to act towards children.

3.3 Trained staff may take action beyond the initial management stage. Other staff must provide aid only to the level of qualification or competence they possess.

#### 4 **Duties of a First Aider**

They must:

4.1 complete an approved Health and Safety Executive (HSE) training course;

4.2 give immediate help to casualties; and

4.3 ensure that when necessary an ambulance or other professional medical help is called.

#### 5 **Number of First Aiders/appointed persons:**

5.1 The Health and Safety Commission (HSC) recommends in low risk places including normally schools – 1 First Aider to every 50 to 100 employees. A list of First Aiders and their training is held by the Deputy Head (Staff) / HR Office / Reception (in the Senior School) and the School Office (in the Junior School and Nursery).

5.2 The School also takes into account the need for adequate cover at breaks and lunchtimes, during practical lessons and PE and Games activities, and on off-site activities.

5.3 The School will ensure that there is always at least one suitably qualified first aider on site when pupils are present.

#### 6 **Minimum First Aid provision**

The minimum First Aid provision is:

(a) a suitably stocked First Aid container, (see Appendix 1 and 2);

(b) an appointed person in charge of First Aid;

(c) information for employees on First Aid arrangements;

(d) arrangements for off-site activities; and

(e) out-of-school hours' provision e.g. lettings.

#### 7 **Number and location of First Aid boxes**

7.1 See Appendix 1 (Senior School) and Appendix 2 (Junior School).

## 8 Risk Assessments

- 8.1 The person responsible for First Aid must make suitable and sufficient risk assessments in the School to determine any extra provision required over and above the minimum provision.
- 8.2 The risk assessments must also cover the risks to employees and also any non-employees who may come into the School.

## 9 Training

- 9.1 The School will provide adequate and appropriate training for First Aid staff and appropriate information for all staff to enable them to carry out their duty of care.
- 9.2 The Governors will ensure that there are sufficient trained staff to meet statutory requirements and the assessed needs, allowing for staff who are absent or off-site.
- 9.3. The School will offer all staff training in coping with emergencies. The training will include:
- (a) what to do in an emergency;
  - (b) cardiopulmonary resuscitation;
  - (c) defibrillator training;
  - (d) First Aid for the unconscious casualty; and
  - (e) First Aid for the wounded or bleeding.

## 10 Guidance

National guidance is provided in the non-statutory guidance, [First Aid in Schools \(DfE, updated February 2022\)](#).

## 11 Recording

- 11.1 The School has an "Accident or Incident Report" form as detailed in Appendix 1 to the Health and Safety Policy, using which the details of any accident or incident must be recorded. Any first aid treatment given by first aiders and appointed persons must be recorded on this form. Completed forms must be processed and retained as instructed on the form.
- 11.2 The School will take all necessary steps to comply with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.
- 11.3 For more detailed guidance (including the procedure for investigation of accidents, incidents and "near misses") please see the School's Health and Safety Policy.

## 12 Calling Emergency Services

- 12.1 If the School Nurse or Doctor is present they will instruct if the emergency services are required and will contact them direct or through the School Office / Bursar.

12.2 In other circumstances the first aider should instruct a suitable assistant to call the emergency services having briefed the assistant on the details to be provided.

12.3 In both circumstances arrangements should be made to meet the ambulance and direct it.

### 13 **Communication with Parents**

13.1 When the School Nurse is involved she will contact parents.

13.2 The member of staff must liaise with the School Nurse or Junior School Office to ensure contact will be made with parents.

13.3 If the School Nurse is not involved the member of staff dealing with the incident must contact the parents directly.

13.4 It is good practice for a follow-up call if external medical treatment is required.

### 14 **Arrangements for pupils with particular medical conditions:**

14.1 All pupils are required to have a completed medical information form on entry to the School. Parents are asked to keep the School Nurses informed of any changes to their son/daughter's medical status. In consultation with parents and appropriate medical professionals, the School aims to include all pupils with medical conditions in all School activities. All parents of pupils with medical conditions such as asthma, diabetes, anaphylaxis and epilepsy are invited to discuss care, management and treatment of their child's medical condition with the School Nurse. An appointment with the School doctor can be arranged if required or necessary.

14.2 Pupils with serious or significant medical conditions are asked to carry their emergency medication on them. In addition, emergency medication for Senior School pupils with serious or significant medical conditions is held in the Old College Staff Room and Medical Room.

14.3 The School Nurse will contact the parents prior to expiry dates of any emergency medication held in the Senior School. It is the responsibility of the parents to ensure that replacements are provided in time to guarantee their child is covered.

14.4 For procedures specific to the Junior School and Nursery, please refer to Appendix 2.

### 15 **Dealing with Emergencies**

The guidelines laid out below are designed to enable staff to cope correctly with a medical emergency in the crucial few minutes between the decision to summon the School Nurse or Junior School First Aider and her arrival on the scene. Staff should seek to reassure the casualty, make the casualty comfortable and take responsibility for managing the situation. Upon their arrival the School Nurse (if on site) or the Junior School First Aider, as appropriate, will assume responsibility for any further action taken. In most instances pupils should be escorted quickly and safely to the Medical Centre (in the Senior School) or the School Office (in the Junior School). Should this not be possible the pupil should be reassured and the Medical Room or Junior School Office contacted. A first aider may also be called.

Within the school population there are a number of pupils who may suffer from Asthma, Epilepsy, Diabetes and Anaphylaxis. All staff have access to a protocol of information on how to help pupils who have these conditions (further information is outlined below).

## 15.1 Asthma

**Senior School:** All diagnosed asthmatics should have their named blue reliever inhalers on their person. Spares can be held in the Medical Room in case they lose or forget them. An emergency inhaler is available in the Medical Room and in the Old College Staff Room for pupils with asthma whose own inhaler is unavailable or not working and whose parents have consented to their child's use of the emergency inhaler. Parents are aware that they are responsible for ensuring that their child has their inhaler with them at school (and during any trips or sports fixtures) and sign a consent form relating to the use, by their child, of one of the emergency inhalers held by the Medical Room.

**Junior School:** please also see Appendix 2.

### 15.1.1 General points:

- Pupils who suffer from exercise induced asthma should be provided with the opportunity, if required, to have a puff of their inhaler before they start exercise. They should always bring their inhaler into the Gym/Sports Hall and to the Dining Hall.
- Pupils are required to take their inhalers with them on trips or educational visits and sports fixtures. Trip leaders can request to take an emergency inhaler in case of children with asthma whose parents have consented to its use by their child, if their child's inhaler is unavailable or not working.

### 15.1.2 Asthma Emergency Procedures:

Common signs of an asthma attack:

- coughing (at rest)
- shortness of breath
- wheezing (at rest)
- feeling tight in the chest
- being unusually quiet
- difficulty speaking in full sentences
- sometimes younger children express feeling tight in the chest and a tummy ache.

Do . . .

- keep calm



- encourage the pupil to sit up and slightly forward – do not hug them or lie them down
- make sure the pupil takes two puffs of their reliever inhaler (usually blue) immediately - preferably through a spacer
- ensure tight clothing is loosened
- reassure the pupil
- call the School Nurse on 01730 236862 or 07851 250734 or the Junior School Office, as appropriate

If there is no immediate improvement:

- continue to make sure the pupil takes two puffs of reliever inhaler every two minutes for five minutes or until their symptoms improve.

**999 - call an ambulance urgently if any of the following:**

- 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 two puffs of their reliever inhaler every two minutes until the ambulance arrives.

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/carers must always be told if their child has had an asthma attack.

Important things to remember in an asthma attack:

- Never leave a pupil having an asthma attack.
- If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer or to get the School Emergency Asthma inhaler located in the medical room/Old College Staff Room (Senior School).
- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.

- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- Send a pupil to get another teacher/adult if an ambulance needs to be called.
- Contact the pupil's parents/carers immediately after calling the ambulance.
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent arrives.
- Generally, staff should not take pupils to hospital in their own car.

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.

## 15.2 Epilepsy

First aid for seizures is quite simple, and can help prevent a child from being harmed by a seizure. First aid will depend on the individual child's epilepsy and the type of seizure they are having. Some general guidance is given below, but most of all it is important to keep calm and know where to find help.

### 15.2.1 Tonic-clonic seizures

Symptoms:

- the person loses consciousness, the body stiffens, then falls to the ground
- this is followed by jerking movements
- a blue tinge around the mouth is likely, due to irregular breathing
- loss of bladder and/or bowel control may occur
- after a minute or two the jerking movements should stop and consciousness slowly returns

Do . . .

- Protect the person from injury – (remove harmful objects from nearby).
- Cushion their head.
- Look for an epilepsy identity card or identity jewellery. These may give more information about a pupil's condition, what to do in an emergency, or a phone number for advice on how to help.
- Once the seizure has finished, gently place them in the recovery position to aid breathing.
- Keep calm and reassure the person.

- Stay with the person until recovery is complete.

Don't . . .

- Restrain the pupil.
- Put anything in the pupil's mouth.
- Try to move the pupil unless they are in danger.
- Give the pupil anything to eat or drink until they are fully recovered.
- Attempt to bring them round.

**999: Call for an ambulance if . . .**

- You believe it to be the pupil's first seizure.
- The seizure continues for more than five minutes.
- One tonic-clonic seizure follows another without the person regaining consciousness between seizures.
- The pupil is injured during the seizure.
- You believe the pupil needs urgent medical attention.

#### 15.2.2 Seizures involving altered consciousness or behaviour

(a) Simple partial seizures

Symptoms:

- Twitching
- Numbness
- Sweating
- dizziness or nausea
- disturbances to hearing, vision, smell or taste
- a strong sense of déjà vu.

(b) Complex partial seizures

Symptoms:

- plucking at clothes
- smacking lips, swallowing repeatedly or wandering around
- the person is not aware of their surroundings or of what they are doing.

(c) Atonic seizures

Symptoms:

- sudden loss of muscle control causing the person to fall to the ground. Recovery is quick.

(d) Myoclonic seizures

Symptoms:

- brief forceful jerks which can affect the whole body or just part of it
- The jerking could be severe enough to make the person fall.

(e) Absence seizures

Symptoms:

- the person may appear to be daydreaming or switching off. They are momentarily unconscious and totally unaware of what is happening around them.

Do . . .

- Guide the person away from danger.
- Look for an epilepsy identity card or identity jewellery. These may give more information about a person's condition, what to do in an emergency, or a phone number for advice on how to help.
- Stay with the person until recovery is complete.
- Keep calm and reassure the person.
- Explain anything that they may have missed.

Don't . . .

- Restrain the pupil.
- Act in a way that could frighten them, such as making abrupt movements or shouting at them.
- Assume the person is aware of what is happening, or what has happened.
- Give the pupil anything to eat or drink until they are fully recovered.
- Attempt to bring them round.

**999: Call for an ambulance if . . .**

- One seizure follows another without the pupil regaining awareness between them.

- The pupil is injured during the seizure.
- You believe the pupil needs urgent medical attention

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.

Pupils' individual care plans are available to view in the red file in the nurses' pigeon hole in the Old College Staff Room (Senior School).

### 15.3 Anaphylaxis

**Senior School:** pupils with anaphylaxis carry two emergency auto-injectors with them at all times. In the event of a pupils own auto-injectors not being available, or being broken or expired, two generic auto-injectors can be found in the Medical Room and Old College Staff Room (Senior School). Parents are aware that they are responsible for ensuring that their child has their auto-injectors with them at school (and during any trips or sports fixtures) and sign a consent form relating to the use, by their child, of one of the emergency auto-injectors held by the Medical Room. Termly spot checks are carried out to ensure that pupils have their auto-injectors with them at school.

**Junior School:** please also see Appendix 2.

Anaphylaxis has a whole range of symptoms. Any of the following may be present, although most pupils 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 throat and mouth
- alterations in heart rate
- severe asthma symptoms (see asthma section for more details)
- abdominal pain, nausea and vomiting
- sense of impending doom
- sudden feeling of weakness (due to a drop in blood pressure)
- collapse and unconsciousness.

Do . . .

- If a pupil with allergies shows any possible symptoms of a reaction, immediately seek help from the School Nurse on 01730 236862 or 07851 250734 or the Junior School Office

The trained member of staff should:

- assess the situation
- follow the pupil's emergency procedure closely. These instructions written by the pupil's doctor/parents, can be found in the red file in the nurse's pigeon hole in Old College Staff Room (Senior School) and also in the Medical Room (in the Junior or Senior School as applicable).
- administer appropriate medication in line with perceived symptoms.

**999: If the pupil's symptoms are cause for concern, call for an ambulance.**

State:

- (a) the name and age of the pupil.
- (b) that you believe them to be suffering from anaphylaxis
- (c) the cause or trigger (if known)
- (d) the name, address and telephone number of the School
- (e) call the pupil's parents/carers.

While awaiting medical assistance the designated trained staff should:

- continue to assess the pupil's condition
- position the pupil in the most suitable position according to their symptoms.

Symptoms and the position of pupil:

- If the pupil 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.
- If they are having difficulty breathing caused by asthma symptoms or by swelling of the airways they are likely to feel more comfortable sitting up.

Do . . .

- If symptoms are potentially life-threatening, give the pupil their adrenaline injector into the outer aspect of their thigh. Make sure the used injector is made safe before giving it to the ambulance crew. Either put it in a rigid container or follow the instructions given at the anaphylaxis training.
- Make a note of the time the adrenaline is given in case a second dose is required and also to notify the ambulance crew.
- On the arrival of the paramedics or ambulance crew the staff member in charge should inform them of the time and type of medicines given. All used adrenaline injectors must be handed to the ambulance crew.

After the emergency

- After the incident carry out a debriefing session with all members of staff involved.
- Parents/carers are responsible for replacing any used medication.

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.

#### 15.4 **Diabetes – Hypoglycaemia and Hyperglycaemia**

15.4.1 **Hyperglycaemia:** If a pupil's blood glucose level is high (>13mmol/l) and stays high. Common symptoms:

- Thirst
- frequent urination
- tiredness
- dry skin
- nausea
- blurred vision.

Do . . .

- Call the pupil's parents who may request that extra insulin be given.
- The pupil may feel confident to give extra insulin.

**999: If the following symptoms are present, then call the emergency services:**

- deep and rapid breathing (over-breathing)
- vomiting
- breath smelling of nail polish remover.

15.4.2 **Hypoglycaemia:** If a pupil's blood glucose level is low (4mmol/l or less)

What causes a hypo?

- too much insulin
- a delayed or missed meal or snack
- not enough food, especially carbohydrate
- unplanned or strenuous exercise
- drinking large quantities of alcohol or alcohol without food
- no obvious cause

Watch out for:

- hunger
- trembling or shakiness
- sweating
- anxiety or irritability
- fast pulse or palpitations
- tingling
- glazed eyes
- pallor
- mood change, especially angry or aggressive behaviour
- lack of concentration
- vagueness
- drowsiness.

Do . . .

Immediately give something sugary, a quick-acting carbohydrate such as one of the following:

- a glass of Lucozade, coke or other non-diet drink
- three or more glucose tablets
- a glass of fruit juice
- five sweets, e.g. jelly babies
- GlucoGel

The exact amount needed will vary from person to person and will depend on individual needs and circumstances.

After 15 minutes recheck the blood sugar again. If it is below 4 give another sugary quick acting carbohydrate.

This will be sufficient for a pump user but for pupils who inject insulin a longer-acting carbohydrate will be needed to prevent the blood glucose dropping again.

- roll/sandwich
- portion of fruit



- one individual mini pack of dried fruit
- cereal bar
- two biscuits, e.g. garibaldi, ginger nuts
- or a meal if it is due.

If the pupil still feels hypo after 15 minutes, something sugary should again be given. When the child has recovered, give them some starchy food, as above.

**999: If the pupil is unconscious do not give them anything to eat or drink; call for an ambulance and contact their parents/carers.**

Pupils' individual care plans are available to view in the red file in the nurses' pigeon hole in the Old College Staff Room (Senior School).

### 15.5 Fractures

15.5.1 Fractures are difficult to establish therefore, if in doubt, treat the injury as a suspected fracture to avoid aggravating any injury. Symptoms that may be present include pain/swelling/limited movement/grating/deformity.

15.5.2 Action:

- (a) Ensure the casualty is comfortable
- (b) Reassure the casualty and try to reduce their movement
- (c) Ring the Medical Room (Senior School) or School Office (Junior School)

### 15.6 Head Injury

15.6.1 If a pupil sustains a head injury during the course of the school day, always send to the Medical Room (in the Senior School) or School Office (in the Junior School) for assessment if well enough.

15.6.2 If unwell or there is an altered level of consciousness send for the School Nurse / a trained first aider.

15.6.3 If the injury occurs during the school day, Senior School pupils must be seen by the School Nurse who will assess the pupils' condition and treat accordingly. If the injury occurs during the school day, Junior School pupils will be seen by a trained first aider.

15.6.4 In the Senior School, the pupil will be given a head injury card with observations and the parents will be contacted so they are aware of the head injury and discuss further treatment if necessary. In the Junior School and Nursery, parents will be provided with a head injury letter.

15.6.5 If the injury occurs when the School Nurse is not on duty (or is off site), staff must always:

- Contact the parent
- Explain what has happened
- Outline the injury sustained
- Describe observations i.e. loss of vision, dizziness, nausea etc.
- Treatment given
- Head injury card given (in First Aid bags)
- Always inform the Medical Room (Senior School) or Junior School Office of a head injury

If unsure about the extent of the injury sustained the pupil must be referred to hospital.

15.6.6 Early onset concussion may manifest at the time of the injury. The pupil will follow Churcher's College Concussion Policy (Appendix 3).

15.6.7 Later onset concussion. Can manifest most frequently within 48 hours but can occur up to 3 weeks post-injury. The pupil will follow Churcher's College Concussion Policy from the date that symptoms start (minimum of 14 days rest once symptom free, not from the date of injury).

15.6.8 No sequelae. Symptom free from the time of injury and remains so. Refrain from sport or strenuous activity for 1 week minimum in discussion with parents. It may be necessary to extend this period if there is greater concern. In extenuating circumstances where there has been a truly innocuous injury there may be a request to return to activity sooner.

15.6.9 If symptoms of concussion occur a medical opinion needs to be sought. If the pupil goes on to follow our GRTP programme, we encourage contact with your own GP for written confirmation of recovery at day 21 in order to progress to full contact sport. If unable to access this route, Churcher's College medical team can support this if necessary.

## 16 **Bodily Fluids**

In the event of any bodily fluids (blood, faeces, urine and vomit) needing to be dealt with immediately, clear hygiene arrangements are in place and guidance is available from the Medical Room. Gloves are provided in First Aid kits and should be used when dealing with bodily fluids. All items should be placed in a plastic bag and disposed of in a clinical waste bin located in the Medical Room. If possible the area should be cleaned with neutral detergent such as washing up liquid.

For procedures specific to the Junior School and Nursery, please refer to Appendix 2.

## 17 **Injuries on the Games Field**

In the event of injury on the Games Field the following procedure should be followed:

- 17.1 Stop the game and examine the injured player. Remember that you are in charge.
- 17.2 Sometimes a few moments rest will be sufficient for recovery.
- 17.3 Do not allow the pupil to resume playing unless absolutely convinced he/she is completely fit.
- 17.4 Do not allow anyone to touch or move the injured pupil unless instructed to by medical staff.
- 17.5 If in doubt about the injury and the pupil's condition e.g. if the pupil has suffered concussion, do not move the pupil at all. Keep him/her covered and warm; use jerseys etc., if necessary and send for the School Nurse or other medical help.
- 17.6 If unable to cope with the situation get help from a nearby teacher taking another game.
- 17.7 If you decide that an ambulance ought to be summoned organise this via the Medical Room (Senior School) or School Office (Junior School), if urgent contact 999 directly then inform the Medical Room/School Office as appropriate.
- 17.8 If a pupil is bleeding, he/she is not to continue playing until the wound has been treated at the Medical Room (in the Senior School) or the School Office (in the Junior School).
- 17.9 Enter details of the accident on an accident reporting sheet.
- 17.10 After a game if a pupil has been sent to the Medical Room, check on action taken by the School Nurse.
- 17.11 In the case of a knock to the head provide parents with a Head Injury card (Senior School). Copies are found in First Aid boxes/bags.

## 18 **Equal Opportunities**

The School will take particular care with the First Aid provision for its staff and pupils who have a disability. Appropriate risk assessments will be done by the person in charge of First Aid, and suitable provision will be made in liaison with the Headmaster.

## 19 **Monitoring and Review**

The Health & Safety and Welfare Committee will review the First Aid needs and arrangements annually, and will ensure that the appropriate level of First Aiders/appointed persons are in post, and that the appropriate standards are met.

## APPENDIX 1

### SENIOR SCHOOL

#### FIRST AID BOXES (CONTENTS AND LOCATION) / DEFIBRILLATORS

##### 1 First Aid Boxes

- 1.1 The First Aid boxes will be located as agreed by the Headmaster.
- 1.2 All staff should know where the First Aid boxes are kept.
- 1.3 The boxes must contain a 'sufficient quantity' of First Aid material and nothing else.
- 1.4 **Contents:** the School requires the following items to be in the box as a minimum:
  - (a) Guidance card
  - (b) Individually wrapped sterile adhesive dressings
  - (c) Sterile eye pad, with attachment
  - (d) Triangular bandage
  - (e) Sterile coverings for serious wounds (where applicable)
  - (f) Bandages to secure sterile coverings
  - (g) Disposable gloves
  - (h) Disposable waste bags
  - (i) Tape
  - (j) Resuscitation shield
  - (k) Saline wipes
  - (l) Steripods (saline pods)

The person in charge of First Aid will determine whether there should be more than the minimum items.

- 1.5 **Location of First Aid Boxes:** First aid boxes are located in the following places:
  - 1.5.1 Staff room – Old College
  - 1.5.2 Staff 'tea point' – New College
  - 1.5.3 Goodfield Centre – 1<sup>st</sup> Floor (maths staff workroom) and Ground floor
  - 1.5.4 Reception
  - 1.5.5 Sports Hall (unisex toilet)
  - 1.5.6 Swimming Pool x 3 (office/foyer/plant room)

- 1.5.7 Kitchen
  - 1.5.8 Cleaners' Staff Room
  - 1.5.9 Library
  - 1.5.10 Art Room x 2 (Staff Offices)
  - 1.5.11 D & T x 2 – Wood workshop / Metal workshop
  - 1.5.12 Science Block x 3 (one in each prep. room)
  - 1.5.13 Fitness Suite
  - 1.5.14 Gym
  - 1.5.15 All-weather pitch store cupboards x 2 (1 in each cupboard)
  - 1.5.16 Ramshill
  - 1.5.17 Work Shed
  - 1.5.18 On all minibuses
- 1.6 The PE Department also has a number of first aid bags to accompany teams and are responsible for checking and stocking the bags. The PE department are also responsible for checking and stocking the first aid boxes in the Fitness Suite, Gym and store cupboards adjacent to the all-weather pitch.
- 1.7 First aid kits and asthma inhalers are available from the Medical Centre for staff to take on trips and must be signed for.
- 1.8 The School Nurse is responsible for restocking first aid bags as required and all are checked at the beginning of each term.
- 1.9 It is the responsibility of the staff using the first aid boxes to ensure that they inform the School Nurses of what has been used.
- 1.10 Defibrillators (AED) are located as follows (please see location plan overleaf):
- Mounted on the internal wall of the Medical Room waiting area (in the Health & Wellbeing Centre)
  - Mounted on the external wall of the Pound (opposite Reception)
  - Mounted on the external wall of the swimming pool building (access code C159X)

The AED is designed to be used by any responsible person with or without training in the event of a cardiac emergency. The AED gives clear guidance for use on opening.

# DEFIBRILLATOR LOCATIONS

In case of emergency, defibrillators are located at the following positions marked on the map below.



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## APPENDIX 2

### JUNIOR SCHOOL AND NURSERY (INCLUDING EYFS)

#### FIRST AID, ACCIDENT AND ILLNESS AND MEDICAL PROCEDURES

##### Section 1 – First Aid

###### 1. First Aid

1.1 First aid boxes/kits are located in all classrooms and the medical room. First aid boxes contain saline wipes. They also contain eye pods for emergency eye washing. The School Administrator is responsible for the maintenance of first aid boxes.

1.2 **Contents:** The School requires the following items to be in the box as a minimum:

- (a) Guidance card
- (b) Individually wrapped sterile adhesive dressings
- (c) Sterile eye pad, with attachment
- (d) Triangular bandage
- (e) Sterile coverings for serious wounds (where applicable)
- (f) Bandages to secure above sterile coverings
- (g) Disposable gloves
- (h) Disposable waste bags
- (i) Tape
- (j) Resuscitation shield
- (k) Saline wipes
- (l) Steripods (saline pods)

The person in charge of First Aid will determine whether there should be more than the minimum items.

1.3 A medical information list containing information on pupils is kept in the main office and in the medical room. Staff are informed of any special medical needs of the pupils. Relevant named equipment, such as auto-adrenaline injectors and inhalers, are kept in the medical room, with instructions on how they are administered.

1.4 Teachers should keep any personal medicines away from pupils - e.g. medicines should not be left in handbags but placed in a locked desk drawer or filing cabinet.

1.5 Children who require medicine during the day should have written permission from the parent or guardian. Medicines containing Aspirin must never be administered unless prescribed by a doctor.

- 1.6 Pupils who are unwell are taken to the medical room and can either be observed by resting in the medical room or a parent contacted if necessary. The child is able to rest until the time of collection.
- 1.7 First aid boxes and bum bags are taken on all school outings along with all relevant medical equipment and a mobile phone.
- 1.8 All staff are invited to attend a first aid course on a three-year cycle; the majority of staff hold "Emergency First Aid for Schools" certificates. Some staff have "Paediatric First Aid" qualifications.
- 1.9 The Junior School will have at least one member of staff who is a paediatric first aider on site at all times for all children in the Junior School. This includes times when children in the EYFS are present.
- 1.10 There is a defibrillator (AED) located on an internal wall in the reception area. The AED (which contains both paediatric and adult pads) is designed to be used by any responsible person with or without training in the event of a cardiac emergency. The AED gives clear guidance for use on opening.

## **2. Spillages of body fluids. (Urine, blood, vomit, soiling)**

Staff will require a Bio Hazard Disposal Pack from the medical room (these are also available from the cleaners' cupboard) and should follow the instructions.

Wash and dry hands thoroughly.

Yellow clinical waste bag should be disposed of in the clinical waste bin. This is emptied on a monthly basis and on request.

It should be noted that there are disposable vomit bowls and bags available for pupils; staff should wear an apron and gloves when dealing with vomit. The bowl, contents, apron and gloves should be disposed of in a yellow bag and the procedure described above followed. Once used these should be disposed of.

## **3. Changing pupils' clothes**

Staff should try to contact parents before changing a pupil's clothes if the child is unwilling to swap soiled articles for clean items of clothing. A member of staff is advised to notify another member of staff about what they are doing to help the child and if a child is objecting to the help it is necessary for staff to work in the presence of another member of staff. Parents should be informed about what has happened at the end of the day and, when it is felt appropriate, a note should be made in the child's file which is kept in the main office.

## **4. Head Lice**

In the event that head lice are found in school the parent of the child concerned is notified and advised to treat the problem. Parents are asked to check their children regularly and inform the school if the problem should occur. This procedure should be followed for most infectious diseases unless otherwise advised by a doctor.



## **Section 2 - Accident and Illness Procedures**

- 2.1 In the case of minor incidents the supervising member of staff (if other) must inform the class teacher. The incident should then be noted in the diary in the medical room. In the event of a serious accident the parents of the children concerned are contacted and the appropriate action will be taken. For children in the EYFS, in the case of any accident or injury sustained by a child in the EYFS, the school will inform parents on the same day or as soon as is reasonably practicable.
- 2.2 A formal accident report form should be filled in for serious incidents and head injuries (obtainable from the school office). This report is kept for the statutory amount of time. If an incident should occur off-site then the same action will be taken. The School Nurse at the Senior School will complete an accident form if the incident takes place at the Senior School.
- 2.3 In order to prevent the spread of infection, we ask parents to keep children with an infectious illness at home until the infection has passed. Parents are always advised to seek help from their GP and if the school has concerns about a child staff can seek advice from the School Nurse in the first instance and the school doctor can also be called upon. If a child becomes ill during the school day they can rest in the first aid room and parents will be telephoned if necessary. For D and V, a pupil will be sent home and the parents advised not to return the child to school until 48 hours after the last episode.
- 2.4 If we believe that any child is suffering from a notifiable disease identified as such in the Public Health (Infection Diseases) Regulations 1988, we will inform Ofsted. We would then act on any advice given by the Health Protection Agency and inform Ofsted of any action taken.
- 2.5 We also follow the guidance on Infection Control In Schools and other Childcare settings.

## **Section 3 - Outings and Educational Visits**

- 3.1 Adults always supervise children when away from the Junior School site. The staff must be suitably qualified and the staff/pupil ratio must be appropriate, as follows: Class R – 1:6, Years 1-2 – 1:8, Years 3-6 – 1:12.
- 3.2 Included within these staffing considerations must be the need to have at least one member of staff who is a paediatric first aider on site at all times for all children in the Junior School (as mentioned above). This policy applies to those children in the EYFS as well – on trips away from the school site, at least one staff member on a trip which includes children in the EYFS must be trained in paediatric first aid.
- 3.3 When a child enters the Junior School the parents or guardians fill in a consent form giving notification of any specific illness or injuries that need to be considered when going on school trips. It also gives consent to the members of staff accompanying the children to make on the spot decisions if the occasion should arise. It is the responsibility of the staff arranging the trip to foresee any potential hazards and plan accordingly to ensure the welfare of the children. The staff will take appropriate medical supplies with them and any specific equipment required. They will have a mobile phone with them to make any necessary calls.
- 3.4 For all activities and visits off site a complete risk assessment form must be completed and signed by the Head of the Junior School. See the Educational/External Visits Policy for further details.

- 3.5 The Head of the Junior School has a copy of the guide produced by the DfE entitled "Health and Safety on Educational Visits".

#### **Section 4 – Medical Procedures (including EYFS)**

##### **4.1 Protocol for contacting parents**

In the event of illness it is the class teacher/First Aider decision to send the child home if they appear unwell. The parent will be telephoned either by a teaching assistant or member of the office staff.

In the event of injury/accident the pupil will be assessed and treated by a first aider. If they feel it necessary a parent will be contacted to either come to the school and collect their child or, in the event that the first aider deems more urgent medical attention is required, meet a member of staff at a Minor Injury clinic unit – preference of the parent whether at Haslemere Hospital or Petersfield Hospital – or Accident and Emergency Unit.

##### **4.2 Absence due to illness**

A parent should telephone and advise the school when a pupil is absent due to illness. If the office is not contacted by 10am on the first day of a pupil's absence the office staff will telephone the parent to enquire if the child is with them and therefore safe.

It is the preference of the school that a child is kept at home for 48 hours after an incident of diarrhoea or vomiting. If conjunctivitis, impetigo and other infections of a similar nature are suspected a parent will be contacted and asked to take their child to see a doctor for a confirmed diagnosis.

With regard to all illnesses parents are asked to seek a doctor's advice on how long a child should be absent from school.

##### **4.3 Notification to parents of infectious diseases**

If the school is made aware of an infectious disease the Administrator will contact the School Nurse and/or School Doctor for advice on how to proceed. If necessary we will advise parents via letter and/or email.

##### **4.4 Medicines**

Continuous medications such as inhalers and auto-adrenaline injectors are clearly identified with a child's name and kept in a clearly labelled folder in the medical room. Any other medication, one off or short courses, are held in the medical room in a locked cupboard. A central list of all continuous medications in school is kept in the medical room with details of locations and expiry dates. Parents are contacted when a medicine is near expiry.

Medicines that require refrigeration are kept in the fridge in the staff room.

No medication can be given without the written authorisation of a parent/carer – forms are provided for this purpose. All medication held in the medical room must be clearly labelled with the child's name. A staff member administering medication must write in the medical diary, under the relevant date, the time given, child's name, dosage and their own signature. Alternatively, they should provide these details in an email to the person who has overall

responsibility for first aid, who will document in the medical diary stating date, time, name and who administered the medication.

## APPENDIX 3

### CHURCHER'S COLLEGE HEAD INJURY POLICY

#### **RECOGNISE - REMOVE – RECOVER – RETURN**

#### **Introduction**

It is recognised that as a school we have a statutory duty of care towards all students playing sport under our supervision. This document is intended to outline the protocols that must be followed in the event of a head injury in any sport or activity. The document is created in line with the Rugby Football Union (RFU) regulations as they arguably provide the most robust guidelines of all National Governing Bodies.

#### **Immediate Action**

When a player sustains a head/neck injury or is suspected of such, the player must be attended by a **suitably trained person** who is competent to assess the injury and look for signs of concussion. RFU guidelines suggest every team has access to a qualified First Aider as a minimum requirement. At Churcher's this is provided by the coach, School Nurse, first aider, or appointed Physiotherapist.

Medical staff/first aiders should never come under pressure to return a player to the field of play. Ultimately, the referee (be it a teacher or society official) has the overriding power to veto a player's continued involvement in a match even with a fully trained doctor on the touchline saying they are 'fit to play'. If the referee is not satisfied with the condition of the injured player, they can insist on the player's removal from the field of play (RFU Law 3.9).

The member of staff responsible for the player will inform parents and the School Nurse (First Aider in the case of Junior School pupils) if there is a head injury. Parents will be informed of the "red flag" symptoms to be aware of either verbally or in the form of an advice card (or follow up email in the case of the Junior School).

#### **Secondary Action**

Any student with a suspected concussion should be **immediately removed from play**, and should not be returned to activity until they are assessed medically fit to do so. Students with a suspected concussion should not be left alone and should not drive a motor vehicle.

The Coach/teacher/first aider that is dealing with the incident assesses the severity of immediate care needed. The pupil is issued with a head injury card (Senior School) and parents/guardians are contacted to inform them of injury. It is recommended that, in all cases of suspected concussion, parents take their son or daughter to seek further medical advice through an appropriately qualified professional.

Coach/teacher/first aider who dealt with the incident is responsible to follow up via email or phone with parents to confirm if concussion has been diagnosed and/or continued symptoms are being experienced. All correspondence should copy in the school nurses and Director of Sport (First Aider and Head of Sport and Outdoor Learning in the case of Junior School pupils).

### Visible Clues and Symptoms of Concussion

<b>Visible clues of suspected concussion</b>	
Loss of consciousness or responsiveness Lying motionless on ground / Slow to get up Unsteady on feet / Balance problems or falling over / Incoordination Grabbing / Clutching of head Dazed, blank or vacant look Confused / Not aware of plays or events	
<b>Signs and symptoms of suspected concussion</b>	
Loss of consciousness Headache Seizure or convulsion Dizziness Balance problems Confusion Nausea or vomiting Feeling slowed down Drowsiness "Pressure in head" More emotional Difficulty concentrating	Blurred vision Irritability Sensitivity to light Sadness Amnesia Fatigue or low energy Feeling like "in a fog" Nervous or anxious Neck Pain "Don't feel right" Sensitivity to noise Difficulty remembering

### Graduated Return To Play (G RTP)

When there has been a confirmed case of concussion every pupil will go through the G RTP programme. If at any stage through the G RTP programme the student experiences symptoms of concussion they must return to Stage One. The G RTP is detailed in the table below:

Rehabilitation stage		Exercise allowed	Objective	Requirement
Date of Event	Off school while symptomatic	Complete body rest and brain rest for minimum 24 hours (no reading, no TV, no computer, no driving)	Rest	Child must be symptom free for 48 hours before moving to stage 1.
Stage 1	Minimum rest period 14 days once symptom-free (and without masking medication)	None	Recovery	
Stage 2 (at earliest day 15)	Light aerobic exercise	Light jogging for 10-15 minutes, swimming or stationary cycling at low to moderate intensity. No resistance training	Increase heart rate	48 hours symptom-free for U19's before progress to next stage
Stage 3 (at earliest day 17)	Sport-specific exercise	Running drills. No head impact activities.	Add movement	48 hours symptom-free for U19's before progress to next stage
Stage 4 (at earliest day 19)	Non-contact training drills	Progression to more complex training drills, eg passing drills. May start progressive resistance training	Exercise, coordination and cognitive load	48 hours symptom-free for U19's and confirmation of recovery by healthcare professional before progress to next stage
Stage 5 (at earliest day 21)	Full contact practice	Normal training activities	Restore confidence and assess functional skills	48 hours symptom-free for U19's before progress to next stage
Stage 6 (at earliest day 23)	Return to play	Player rehabilitated	Full recovery	

The key points from this table are:

- ✓ There is a minimum of 14 days rest once symptom free, not simply from the date of the injury.
- ✓ On day 15 students can return to light aerobic activity (maximum 15 minute periods) progressing to sport specific (day 17) and non-contact training (day 19).
- ✓ On day 21 students can progress to full contact practice **but only with written confirmation of recovery by a Doctor.**
- ✓ On day 23 students can return to play.

### **Additional Information**

GRTP paperwork will be launched by the Director of Sport (Head of Sport and Outdoor Learning or First Aider in the case of Junior School pupils), and from then on monitored by the school nurse team (First Aider in the case of Junior School pupils). It is the parents/guardians responsibility to inform the school nurses ([schoolnurses@churcherscollege.com](mailto:schoolnurses@churcherscollege.com)) (or School Office in the case of Junior School pupils) if continued symptoms are being experienced and to confirm arrangements for assessment by a healthcare professional on day 21 (the school can, on occasion, offer appointments with the school doctor, and this is arranged via the school nurse team).

Pupils may get concussion when playing sport or being involved in activities out of school, for example a club team or horseriding. It is important that such incidents are reported to the school **as soon as possible** so we can implement our GRTP policy. We encourage parents to take primary responsibility for the welfare of their child and ensure they do not partake in sport if concussion is suspected. This also includes strenuous activity at home, during extracurricular activities or during break and lunchtimes at school as well as official sporting activities.

We at Churcher's want to ensure that the health and safety of our pupils is placed at the centre of everything we do. All our pupils will benefit from the accurate assessment of potential concussions and the robust application of the outlined protocols for their safe return to sport.

### **Safeguarding Statement:**

*Any information sharing between schools and clubs must be done ONLY with the consent of the player and parent and it should be noted that ANY information of this type is STRICTLY CONFIDENTIAL; information regarding children should only be shared with DBS cleared school/club/health professionals and parents/players have the right to challenge this.*

**APPENDIX 4**

**CHURCHER'S COLLEGE JUNIOR SCHOOL HEAD INJURY INSTRUCTIONS**



**Head Injury Instructions**

Tel: 01730 236870

Email: [ccjsoffice@churcherscollege.com](mailto:ccjsoffice@churcherscollege.com)

Child's Name :

Form:

Your child had a bump to the head during the school day and was checked by a qualified First Aider. Details are shown below. Staff have continued to monitor your child whilst they have been in school.

We do not believe the accident was serious or you would have been contacted immediately; however, we do feel that you should be aware of the situation.

Date and time of incident:

What happened?

Treatment given:

Please see the information overleaf.



## **Head Injury Observation Instructions for Parents and Carers**

Your child has suffered a head injury and should be watched closely for the next 48 hours. If you are worried that he/she is developing a problem, please contact your Doctor or go to A&E.

### **Important things to look out for are:**

- Increasing confusion (not knowing where they are, getting things muddled up)
- Increasing drowsiness (feeling very sleepy all the time)
- Persisting headache
- Vomiting (being sick)
- Weakness of one or more limbs
- Not seeing or breathing as well as usual
- Watery fluid or blood coming from the ear, nose or mouth
- A fit (collapsing and feeling a bit out of touch afterwards)
- Any behaviour not normal for your child.

### **When your child is sleeping, you should arrange to check him/her regularly for the first two nights to find out:**

- Does he/she appear to be breathing normally?
- Is he/she sleeping in a normal posture?
- Does he/she make the expected response when you rouse him/her gently? (E.g. pulling up sheets, cuddling teddy bear?)

If you cannot satisfy yourself that your child is sleeping normally, he/she should be wakened fully to be checked.

**If you feel concerned about any of these symptoms please take your child to see a Doctor. If you do consult the GP or A&E please inform the school when your child returns to school.**

Updated January 2022

## APPENDIX 5

### CHURCHER'S COLLEGE SENIOR SCHOOL HEAD INJURY INSTRUCTIONS

**Pupil's name:**

**Form:**

Your child had a knock to the head during the school day and was checked by the nurse/first aider. Details of the assessment are shown below. Staff have continued to monitor your child whilst they have been in school.

Date and time of incident:			
What happened?			
Did they lose consciousness?		Are they alert and orientated?	
Is there a visible bump/bruise?		If 'yes', where?	
Any dizziness?		Headache?	
Nausea/vomiting?		Visual disturbance?	
Treatment given:			

**Head injury observation instructions for parents.**

Your child has suffered a head injury and should be watched closely for the next 48hrs. If you are concerned about their symptoms, contact your Doctor or go to A + E.

**Important things to look for are:**

- Increasing confusion (disorientated).
- Increasing drowsiness.
- Persisting headache.
- Vomiting.
- Weakness of 1 or more limbs.
- Blurred or altered vision.
- Watery fluid/blood from the ear, nose or mouth.
- A fit (collapsing + feeling out of touch after).
- Any abnormal behaviour for your child.
- Dizziness.
- Generally feeling unwell.

When your child is sleeping they should be checked regularly for the first 2 nights. **Check they:**

- Appear to breath normally
- Sleep in normal posture
- Make the expected response when roused gently. E.g. pull up the sheets.

If not satisfied that your child is sleeping normally, wake them fully to be checked.

If your child develops or continues symptoms - take your child to A & E and make the School Nurses aware as soon as possible on [schoolnurses@churcherscollege.com](mailto:schoolnurses@churcherscollege.com)

## **APPENDIX 6**

### **PAEDIATRIC BASIC LIFE SUPPORT**

Cardiac arrest in children is more likely to be caused by a respiratory problem rather than a cardiac one, making the 5 initial rescue breaths crucial to the child's chances of survival.

When mouth-to-mouth ventilation is performed, a resuscitation face shield must be used. Every first aid kit has one.

The decision to deliver rescue breaths is ultimately a personal one. Churcher's College will support your decision on this issue. If you feel unable to perform mouth to mouth ventilation, due to the risks posed by the current situation, all efforts should be made, whilst not leaving the child alone, to find another staff member who is able/willing to perform this skill. In the event that no other adult is able/present it should be noted that compression-only resuscitation is better than no resuscitation.