



# First Aid Policy



Date agreed: September 2023

Review Date: September 2024

Reviewed by A Bingham

COMMITTED TO  
EXCELLENCE

GREENSHAW HIGH SCHOOL

# 1 Introduction

- 1.1 The aim of the policy is to provide clear guidance and information on how Greenshaw High School fulfils first aid requirements, manages illness and accidents and the reporting process within the school.
- 1.2 This policy has been devised for use by Parents, Pupils and Staff. The policy adheres to the principles set out by the Department for Education in *Guidance on First Aid in Schools, 2014*<sup>1</sup> and *Supporting pupils at school with medical conditions 2015*<sup>2</sup>.
- 1.3 The policy covers the following areas:
  - First Aid
  - Illness and Accidents
  - Guidance for dealing with Head injuries
  - Guidance on when to call for an ambulance
  - Reporting of incidents
  - Hygiene procedures for spillage of body fluids
- 1.4 This policy should be read in conjunction with:
  - The Health and Safety Policy
  - The Medicines and Medical Conditions Policy
  - The Educational Visits Policy

## 2 General Principles

- 2.1 In the event of an accident or injury to a pupil, it is important to remember the responsibilities of the School 'in loco parentis'. Not only must the pupil receive immediate attention, either at the site of the accident or in a First Aid Room, but it is important to ensure that all necessary follow up action is taken.
- 2.2 Parents should be informed immediately if the accident is sufficiently serious that a pupil may have difficulty getting home or if he has to be referred to hospital. The pupil's Head of Year and the School Business Manager are also informed at the earliest opportunity.

## 3 First Aid

- 3.1 The arrangements for first aid provision will be adequate to cope with all foreseeable major incidents.
- 3.2 Supplies of first aid material will be monitored regularly by the Principal first aider and any deficiencies made good without delay. This includes the provision of portable First Aid packs for trips. The materials will be checked regularly
- 3.3 The number of certificated first aiders will not, at any time, be less than the number required by law (1:50). The **HR Officer**, in consultation with the Principal first aider, is responsible for maintaining a list (as given in Annex 1) of current certificated First Aiders. This is updated at the beginning of each academic year, and at other times as necessary. There are currently 20 staff holding First Aid at Work Certificates (or equivalent) at School.

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<sup>1</sup> See <https://www.gov.uk/government/publications/first-aid-in-schools>

<sup>2</sup> See <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

3.4 Anyone needing first aid should, in the first instance, contact the Student Reception. If the First aider is unavailable, another first aid trained member of the admin team will provide assistance.

### **3.5 Automated External Defibrillation (AEDs)**

The School recognises that in the case of cardiac arrest early intervention is vital to optimise survival and this includes the early use of a defibrillator. If used in the first 3-5 minutes of a collapse the survival rates can be as high as 50-70%.<sup>3</sup>

3.6 AEDs is located in the Reception at the main school The use of AEDs is designed so that even lay bystanders can use them by following the voice prompts and this is then combined with cardiopulmonary resuscitation (CPR).

### **3.7 Trips and visits**

First Aid arrangements for School Trips and Visits are contained in the Educational Visits Policy. Adequate and appropriate first aid provision will form part of the arrangements for all out-of- school activities. First Aid Kits are to be taken on School trips and the Qualified First Aider is appointed to be responsible for the kit and for taking charge of the situation (i.e. calling for assistance if a serious injury or illness occurs).

3.8 A record will be made of each occasion any member of staff, pupil or other person receives first aid treatment either on the School premises or as a part of a school-related activity.

## **4 Illness and Accidents**

In the event of a pupil becoming ill or having an accident the following procedures are to be followed:

### **4.1 Illness**

4.1.1 When a pupil feels ill at School, he should be escorted to the student Reception, where the first aider will decide on what action should be taken. Staff with First Aid qualifications may be asked to administer aid but it is the Principal first aider, or, in her absence, a member of the Senior Management Team, who is responsible for deciding whether the pupil should be allowed to go home or be sent to Hospital. In the event of the School Nurse and the Senior Management Team all being absent, it is incumbent on staff to act as a reasonable parent would act in the circumstances, i.e. they must fulfil their duties 'in loco parentis'.

4.1.2 If the illness is not severe and does not require treatment, the pupil may be invited to rest in the Medical room or to sit outside the First Aid Room until he feels better.

4.1.3 If the Principal First Aider or a member of SLT decides that a pupil should go home, then a parent or guardian must be contacted to collect the pupil.

4.1.4 If the pupil is not fit for lessons but can safely return home and there is no one available to collect him, he may be allowed home if the parent gives permission. In such cases the pupil is to be instructed to ring the School to confirm he has returned home safely. In exceptional cases, a member of SLT may ask a member of staff to accompany the pupil home.

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<sup>3</sup> See <https://www.resus.org.uk/resuscitation-guidelines/adult-basic-life-support-and-automated-external-defibrillation/#sequence>

- 4.1.5 If the pupil requires medication, the First aider may administer it according to the guidelines within the School's administering medication in school Policy.
- 4.1.6 If the pupil requires care at a hospital, the parents or guardian are to be informed immediately. If deemed to be a non-emergency, a parent or guardian should be asked to collect the pupil without delay and accompany him to a hospital of their choice. If it is deemed necessary to attend hospital without delay, the pupil is to be accompanied to the hospital by a member of the School staff<sup>4</sup> who will wait with the pupil until a parent arrives and assumes responsibility for their child. In these circumstances, parents must make every effort to attend to their child as quickly as possible.
- 4.1.7 If the pupil has to be taken to hospital, the Principal first aider, or a member of SLT, will arrange for one of the following methods of transport to be used, depending upon the urgency and nature of the circumstances:
- School minibus
  - taxi (black cab or contract)
  - ambulance

## 4.2 Accidents

- 4.2.1 Victims of accidents should be taken to the Principal First aider where the same procedures as given above will apply. However, if the accident is of such a nature that the victim should not or cannot be moved the Principal first aider and/or a qualified First Aider should be contacted immediately.
- 4.2.2 The School Business Manager (or, in their absence, another member of the SLT) must be contacted immediately if the injury is of a serious nature.

## 4.3 Head Injuries

- 4.3.1 For head injuries and suspected concussion please refer to the Head injuries and concussion protocol (see Annex 3).

# 5 Guidance on when to call for an Emergency Ambulance

- 5.1 An emergency 999 ambulance should be called when a qualified First Aider has assessed a casualty and deemed it necessary to do so based upon the knowledge acquired through their training. Usually this will be for casualties with the following problems:
- any instance in which it would be dangerous to approach and treat a casualty
  - unconscious
  - not breathing
  - not breathing normally and this is not relieved by the casualty's own medication
  - severe bleeding
  - neck or spinal injury
  - injury sustained after a fall from a height (higher than 2 metres)
  - injury sustained from a sudden impact delivered with force (e.g. car knocking a person over)
  - suspected fracture to a limb
  - anaphylaxis (*make sure to use this word when requesting an ambulance in this case*)
  - seizure activity that is not normal for the casualty, especially after emergency medication has been administered
  - symptoms of a heart attack or stroke

- rapid deterioration in condition despite the casualty not initially being assessed as requiring an ambulance

### **IF IN DOUBT, IT IS BETTER TO CALL FOR AN EMERGENCY AMBULANCE THAN NOT**

5.2 If, for whatever reason, a qualified First Aider is not available, the above guidelines should be used to determine whether to call for an emergency ambulance.

### **5.3 How to call for an emergency ambulance**

Should the need arise for an emergency ambulance to be summoned, the First Aider should:

- remain calm
  - ask a bystander\* to call 999 or 112 and, when prompted for which service is required, ask for an ambulance
- \*Should a bystander not be available it may be necessary for First Aiders to leave the casualty and make the call themselves, relaying this information to the operator*

The caller should:

- be ready to provide details of their name, telephone number, address and exact location within the School
- relay the condition of the casualty, as assessed by the First Aider, and how the casualty came to be in this condition
- provide details of the number of casualties along with names, age and gender if these details are known
- ask that ambulances come to **Greenshaw High School, Grennell Road, Sutton, SM1 3DY**; if possible, it should be arranged for a member of staff or bystander who knows the location of the casualty to meet the ambulance on arrival
- communicate any dangers or hazards into which the ambulance may be arriving
- stay on the line with the emergency operator until they have cleared the line
- return to the casualty immediately after the call to inform the First Aider that an ambulance is on the way and to bring a First Aid kit, blanket and AED if necessary

## **6 Reporting of Incidents**

6.1 The Principal First aider records all visits to them by pupils and staff requiring attention or treatment. This is done on the confidential database on SIMS which the Principal First Aider maintains. This covers illnesses and accidents. The following details are recorded:

- Name
- Date
- Time
- nature of illness/accident (and location if appropriate)
- details of and first aid administered
- whether parents are contacted and whether a pupil is sent home or to hospital

With regard to the latter, the Form Tutor, Head of Year and Senior Deputy Head are notified by e-mail.

6.2 Any accidents involving pupils which may have been preventable, or which arose out of, or in connection with work, are to be recorded on a Health and Safety Form on the School Intranet<sup>5</sup>. These forms should be used **to report accidents, near misses or other Health and Safety concerns**. Details of the accident should be recorded as promptly as possible, together

with names of any witnesses, while details are still fresh in the mind. The following information should be recorded:

- Name of person reporting the incident
- Date of the incident
- Time of the incident
- Location of the incident
- Name of affected person
- Nature of illness/accident
- Details of any First aid administered
- whether parents are contacted and whether a pupil is sent home or to hospital

6.3 The Principal first aider, who is line-managed by the Office Manager, is responsible for:

6.3.1 Reporting accidents under RIDDOR guidelines to the Business Manager

6.3.2 Reporting accidents on the correct form to Business Manager and, where appropriate, the HSE.

6.3.3 Maintaining accident records for both pupils and adults in the appropriate book (adults) or on the appropriate form (pupils).

6.4 It is important that any lessons learned from accidents are taken fully into account to prevent a recurrence. All incidents, including “near misses”, are fully investigated. The more serious the incident, the more intensive the investigation should be to determine:

- What happened
- The lessons that can be learned
- The changes, if any, that need to be made to risk control measures to avoid a recurrence.

6.5 Further information regarding Accident reporting and recording can be found in the Health and Safety Policy.

## **7 Hygiene procedures for spillage of body fluids**

7.1 The Hygiene Procedures for dealing with the spillage of Body Fluids are given in Annex 4.

## **8 Review of Policy**

This policy will be reviewed on a three yearly basis (or more regularly where required) prior to approval by the Board of Governors.

Policy last reviewed by:	A Bingham
Date last reviewed:	May 2022
Approved on behalf of Governors by:	C Raven, Chair of Governors
Date approved:	18 <sup>th</sup> May 2022

## Annex 1: Holders of a First Aid Certificate

Name	Area	Ext no.
Marcus Cowie	Geography	235
Sue Stone	Inclusion	229
Alissa Fingleton	Mathematics/DoE	262
Kerri Armstrong	PE	241
Gary Carter	PE	241
Rachael Graham	PE	241
Val Roberts	RS	240
Lara Ballard	School Office	261
Shona Witt	School Office	201
Carla Harper	School Office	206
Kelly Tolhurst	School Office	236
Sharon Webb	School Office	230
Jane Wilson	Year 7 Office	260

### Who to contact

1. The first person to contact should be the Principal First Aider in the School Office on ext. **201**.
2. If the Principal First Aider is unavailable, report to the School Office and a First Aider will be summoned.

## **Annex 2: Head Injuries and Concussion Protocol**

### **Protocol aims:**

- To provide a safe environment.
- To ensure all staff have a clear understanding of how to manage someone who has sustained or potentially sustained a head injury.
- To be able to recognise the signs and symptoms of concussion and manage it correctly.
- To ensure all significant head injuries are reported on an accident form.
- To ensure all parents and pupils receive appropriate advice on managing a head injury.

### **Head injuries**

Not all head injuries cause damage to the brain but minor ones can have symptoms including:

- Nausea
- Headaches
- Dizziness
- Tiredness

Pupils that sustain a head injury should be assessed by the Principal first aider and head injury advice will be given to the pupil and parents in every case.

The Principal first aider is responsible for monitoring accident reports and informing the School Business Manager of any areas of concern which may need action.

### **Red Flags for potentially more serious head injuries.**

**If any of the following are observed or develop then the pupil needs to be immediately seen by the Principal first aider, and, where appropriate (or in the absence of the Principal first aider), an ambulance for urgent medical assessment:**

- Deteriorating conscious state
- Increased confusion or irritability
- Severe or increasing headache
- Repeated vomiting
- Unusual behaviour change
- Seizures (fits) or convulsions
- Double vision or deafness
- Weakness in arms or legs (may appear to be walking strangely)
- Clear fluid coming out of ears and/or nose
- Slurred speech, difficulty speaking and understanding.

### **Concussion**

Concussion is the sudden but short-lived loss of mental function that occurs after a blow or other injury to the head. Effects are usually temporary but can include headaches and problems with concentration, memory, balance and coordination.

Concussion can occur at any time within the school environment and can occur if a pupil's head comes into contact with a hard surface such as a floor or a desk. It can also occur during sporting activities. Concussion can also occur when the head and the upper body are violently shaken, such as in whiplash injuries.

The School takes concussion seriously to safeguard the long-term welfare of pupils.



Concussion can affect academic performance and behaviour and can also put a pupil at risk of further serious consequences if he sustains another concussion before he has recovered. The School recognises that if the brain is not allowed to fully recover the brain is more vulnerable to further injury and may result in further long term consequences such as prolonged concussion symptoms and possible consequences such as dementia, and a further concussive event could cause brain swelling which can be fatal.

Pupils who sustain a head injury during sports sessions (practice / training and fixtures) will be removed from play and initially be assessed by the Principal first aider. If concussion is suspected further medical advice will be sought.

**If a concussion is suspected, and in the absence of the Principal first aider, it is the member of staff's responsibility to:**

- Inform the Principal first aider.
- Communicate with the parents what happened and recommend that the pupil should undergo diagnosis and assessment from a medical practitioner or visit an emergency department for further assessment.
- Give the pupil and parents the head injury advice sheet
- Inform the pupil and parents that the pupil should see the Principal first aider on the pupil's return to school.
- Complete an accident report form (accessed via the School's intranet).

The pupil may not to return to sport until they have successfully returned to school and learning without worsening of symptoms.

## Annex 2.1: Head injury advice for parents

**Date:**

**Time of injury:**

This is to inform you that your son..... sustained a head injury.

Few head injuries sustained at school are likely to result in significant complications. It is, however, important to recognise that, though injuries to the head may initially appear minor, the condition of your son may deteriorate.

Please monitor your son closely over the next 48 hours and follow the guidance provided on the back of the slip. If at all concerned seek immediate medical advice/attention from A&E.

Take your son to your local accident and emergency department (A&E) department if they:

- Are unusually sleepy or you cannot wake them
- Have a headache which is getting worse
- Are unsteady when they walk
- Develop a squint or blurred/double vision
- Repeatedly vomit
- Have a seizure (fit)
- Decreased/loss of consciousness

Please do not hesitate to contact the Principal First aider if you have any further queries regarding this. They may be contacted at:

- [office@greenshaw.co.uk](mailto:office@greenshaw.co.uk) (Principal First Aider)
- 0208 715 1001 (Principal First Aider)

## **Annex 3: Hygiene Procedures for Spillage of Body Fluids**

### **3.1 General statement**

The aim is to decrease the exposure risk to blood-borne and body fluid pathogens. Adherence is the responsibility of all staff who may come into contact with spillages of blood or other body fluids. All staff need to be aware of their personal responsibilities in preventing the spread of infection.

Disinfection aims to reduce the number of micro-organisms to a safe level. Whilst a variety of chemical disinfectants is available, high concentration chlorine-releasing compounds provide an effective method of treating body fluid spills with activity against a range of bacteria and viruses.

### **3.2 Legal position**

The School has a duty to protect its staff from hazards encountered during their work: this includes microbiological hazards (COSHH 2002). For the purposes of this policy, biohazards are defined as:

- Blood
- Respiratory and Oral Secretions
- Vomit
- Faeces
- Urine

### **3.3 Personal Protective Equipment (PPE)**

PPE is available from the Deputy Facilities Manager or School Nurse. All staff dealing with a biohazard spill are to ensure they:

- Wear a plastic disposable apron.
- Wear disposable gloves.
- protect eyes and mouth with goggles and mask (or full face visor) if splash or spray is anticipated
- wear protective footwear when dealing with extensive floor spillages
- use the Body Fluid Disposal Kits provided by the school (not “just a cloth or mop”)
- always dispose of PPE and contaminated waste into a yellow clinical waste bag

### **3.4 Procedure**

All biohazard spills are to be reported to the School Health & Safety Co-ordinator (the Facilities Manager). All staff dealing with a biohazard spill are to:

- wear appropriate PPE
- take precautions so as not to come into contact with blood or body fluids, wet or dry, either on themselves, their clothing or protective equipment. In particular blood or body fluids reaching the eyes or the areas inside the mouth and nose should be avoided.
- use the Body Fluid Disposal Kits provided by the Facilities Manager, School Nurse or cleaning staff, or located at the First Aid Stations

- place all soiled paper towel and gloves into a yellow clinical waste bag to dispose of in an approved manner
- wash hands, including arms to the elbow, with warm water and soap immediately after every clean-up of blood or body fluid. This should be performed even if gloves have been worn.
- wash all areas that have come into contact with blood