

STOCKPORT GRAMMAR SCHOOL

FIRST AID POLICY

(Reviewed by Governors 06.12.22)

1. Authority and circulation

- 1.1 This policy has been authorised by the Governors of Stockport Grammar School (**the School**). It is available to parents and pupils and to all members of School Staff. The arrangements within this policy (for example the number of First Aiders, Appointed Persons and First Aid boxes and the contents of First Aid boxes, and location of the AED Automated Emergency Defibrillator) are based on the results of a suitable and sufficient risk assessment carried out by the School in regards to all Staff, pupils and visitors.
- 1.2 Stockport Grammar School is mindful of the need to safeguard the wellbeing of all pupils staff and visitors to the School and will ensure, as far as reasonably possible, compliance with legal requirements and education standards.
- 1.3 This policy can be made available in large print or other accessible format if required.

2. Legal Requirements & Education Standards

References:

- A: Commentary on the Regulatory Requirements, Part 3 (www.isi.net)
- B: Reference Guide to the key standards in each type of social care service inspected by Ofsted (www.ofsted.gov.uk)
- C: Early Years Foundation Stage (EYFS) Checklist and Monitoring Reference for Inspectors (www.isi.net)
- G: DfE "Guidance on First Aid for Schools" (www.dfe.gov.uk)
- H: HSE home page, First Aid at Work (www.hse.gov.uk)
- I: MOSA Guidance: "First Aid Provision and Training in Schools" (www.mosa.org.uk)
- J: DfE Automated external defibrillators (AEDs) A guide for schools, September 2018

3. Definitions

- 3.1 **First Aid:** means the treatment of minor injuries which do not need treatment by a medical practitioner or nurse as well as treatment of more serious injuries prior to assistance from a medical practitioner or nurse for the purpose of preserving life and minimising the consequences of injury or illness. For the avoidance of doubt, First Aid does not include giving any tablets or medicines, the only exception being giving aspirin in accordance with accepted First Aid practice to treat a suspected heart attack.
- 3.2 **First Aiders:** are members of staff who have completed an approved First Aid course and hold a valid certificate of competence in First Aid at Work (**FAW**), Paediatric First Aid at Work (**PFAW**), Mental Health First Aid training (**MHFA**) or Emergency First Aid at Work (**EFAW**).
- 3.3 **First Aid Guidance:** is the *First Aid at work: Health and Safety (First Aid) Regulations 1981: approved code of practice and guidance* (Health and Safety Executive, L74, 3rd edition, 2013).
- 3.4 **Staff:** means any person employed by the School, volunteers at the School and self-employed people working on the premises.

3.5 **School Nurses:** are Mrs Pam Ward and Mrs Christine Kenny who are primarily located in the School's Medical Centre. They, supported by the Head and the Bursar, will be responsible for the implementation of this policy.

3.6 **The Medical Centre:** is located on the ground floor of the Hallam Quadrangle and is clearly signposted and identifiable with a white cross or white writing on a green background. It is used for the provision of medical treatment, including First Aid, when required. The Medical Centre has essential First Aid facilities and equipment. As far as is possible, the School reserves this room exclusively for giving medical treatment.

4. **Aims of this policy**

4.1 The objective of Stockport Grammar School (which encompasses the Early Years Foundation Stage) is to ensure that there is an adequate provision of appropriate first aid at all times and to ensure that where individuals are injured there are suitable mechanisms in place to provide remedial treatment.

4.2 To ensure that all staff and pupils are aware of the procedures in the event of any illness, accident or injury.

4.3 Nothing in this policy should affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, Staff should dial 999 for the emergency services in the event of a medical emergency before implementing the terms of this Policy and make clear arrangements for liaison with ambulance services on the School site.

5. **Who is responsible?**

5.1 The School as employer has overall responsibility for ensuring that there is adequate and appropriate First Aid equipment, facilities and First Aid personnel and for ensuring that the correct First Aid procedures are followed.

5.2 The Head delegates to the School Nurses the day to day responsibility for ensuring that there are adequate and appropriate First Aid equipment, facilities and appropriately qualified First Aid personnel available to the School. The Bursar in conjunction with the School Nurses will regularly (at least annually) carry out a First Aid risk assessment and review the School's First Aid needs to ensure that the School's First Aid provision is adequate.

5.3 The Head is responsible for ensuring that all staff and pupils (including those with reading and language difficulties) are aware of, and have access to, this policy.

5.4 The Head delegates to the School Nurses responsibility for collating medical consent forms and important medical information for each pupil and ensuring the forms and information are accessible to staff as necessary.

5.5 The Bursar is responsible for ensuring that staff have the appropriate and necessary First Aid training as required and that they have sufficient understanding, confidence and expertise in relation to First Aid.

5.6 **First Aiders:** The Bursar is responsible for ensuring that the School has sufficient numbers of trained First Aid personnel. There will be at least one First Aider on the school site when children are present. In the Early Years Foundation Stage (**EYFS**) setting at least one person who has a current Paediatric First Aid certificate must be on the premises at all times when children are present. On outings including children from the EYFS there must be at least one person who has a current Paediatric First Aid certificate. For more information please see <http://www.hse.gov.uk/pubns/books/174.htm>.

- 5.7 The staff listed in Appendix 2 have completed a HSE approved First Aid course and hold a valid certificate of competence in an appropriate qualification (refer Section 2 definitions).
- 5.8 The main duties of First Aiders are to give immediate First Aid to pupils, staff or visitors when needed and to ensure that an ambulance or other professional medical help is called when necessary. First Aiders are to ensure that their First Aid certificates are kept up to date through liaison with the Bursar and her secretary.
- 5.9 The First Aiders will undergo update training at appropriate intervals in accordance with their qualification.
- 5.10 All staff should read and be aware of this policy, know who to contact in the event of any illness, accident or injury and ensure this policy is followed in relation to the administration of First Aid. All staff will use their best endeavours, at all times, to secure the welfare of the pupils.
- 5.11 **Anyone on School premises:** Anyone on the School premises is expected to take reasonable care for their own and others' safety.

6. **First Aid boxes**

- 6.1 First Aid boxes are marked with a white cross on a green background. The content of the First Aid boxes will be determined by the School's First Aid needs assessment and stocked in accordance with Workplace first aid kits. [Specification for the contents of workplace first aid kits, BS 8599-1:2011, June 2011¹].
- 6.2 First Aid boxes are located at these positions around the School site and are as near to hand washing facilities as is practicable:

- The Medical Centre
- The Senior School Office
- Nursery Office
- The Junior School Office

Emergency bags are located in:

- Convent House Reception
- Woodsmoor Reception
- Swimming Pool
- IT Support Office Hallam
- Caretaking Hallam Side

First Aid boxes are also located in;

- All Science prep rooms; Biology, Chemistry & Physics*
- Design & Technology Workshop
- Art prep room
- Sports Department; Girls' PE Office Sports centre and Boys' Pavillion Office
- Bursary

- 6.3 The First Aid boxes marked * are only to be used in an emergency when unable to get to the Medical Centre. If First Aid boxes are used, they should be taken to a School Nurse who will ensure that the First Aid box is properly re-stocked.

¹ EYFS only.

- 6.4 All requirements for the First Aid kits are supplied by the School Nurses and are regularly stocked at the request of individual departments.
- 6.5 **School minibuses:** The School's minibuses should have a prominently marked First Aid box on board which is readily available for use and which is maintained in a good condition. The First Aid box should be stocked in accordance with part 2 of schedule 7 of the Road Vehicles (Construction and Use) Regulations 1986 (SI 1986/1078) which is set out in Appendix 1.
- 6.6 **Off-site activities:** First Aid boxes for any off-site activities are kept in the Medical Centre and will be issued on request to the trip leader.
- 6.7 **Medical care:** This procedure is limited to the provision of first aid, but the School has arrangements in addition for
- 6.7.1 Dealing with pupils who have special educational needs or specialist medical needs
 - 6.7.2 Provision of medical examinations and immunisations
 - 6.7.3 Holding medical records
 - 6.7.4 Dealing with medicines and treatments brought to school for pupils.
7. **Information on pupils**
- 7.1 Parents are requested to provide written consent for the administration of First Aid and medical treatment before pupils are admitted to the School. This requirement will not prevent a child of sufficient understanding and intelligence to understand fully what is proposed, from giving or withholding consent to medical treatment or from seeking advice or treatment in confidence.
- 7.2 The School Nurses will be responsible for reviewing pupils' confidential medical records and providing essential medical information regarding allergies, recent accidents or illnesses, or other medical conditions which may affect a pupil's functioning at the School to the SMT, class teachers and First Aiders on a "need to know" basis. This information should be kept confidential but may be disclosed to the relevant professionals if it is necessary to safeguard or promote the welfare of a pupil or other members of the School community.
8. **Procedures for pupils with medical conditions such as asthma, epilepsy, diabetes etc**
- 8.1 **Use of Emergency rescue medication such as asthma inhalers and Emergency Adrenalin injectors.** The school nurses will hold a record of pupils who need to have access to emergency rescue medication and this information should be circulated to teachers and First Aiders. Where appropriate, individual pupils will be given responsibility for keeping such equipment with them and this will be reviewed on a regular basis. In other cases, replacement medication/equipment will be kept, suitably labelled, and located at the Medical Centre. For Junior School pupils, medication is kept in yellow bags in the classroom for affected pupils.
- 8.2 The Medicines Act permits the use of emergency Salbutamol Inhalers to be used by those pupils diagnosed with asthma who are prescribed a reliever inhaler device to manage their asthma. (www.gov.uk/dh)
- 8.3 The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication or on the instruction of emergency services staff when dialling 999.

8.4 The school is allowed to purchase adrenaline auto-injectors (AAI Devices) without prescription for emergency use on children who are at risk of anaphylaxis but whose own device is not working. School may administer the pen without prescription where medical authorisation and parental consent has been provided. The school will record any such use and notify parents accordingly.

9. **Procedure in the event of illness**

9.1 Pupils may visit the School Nurses in the Medical Centre during break or lunch. If a Senior School pupil is unwell during lessons, then they should consult the member of staff in charge who will assess the situation and decide on the next course of action. The pupil will, accompanied as necessary, be told to go to see a School Nurse in the Medical Centre. In the Junior School, children should first be sent to the School Office who will decide on the next course of action, sending to the School Nurses or requesting the presence of the School Nurse if appropriate. The School Nurses will decide on the next course of action and provide the First Aid or treatment as required.

9.2 Staff may visit the Medical Centre as and when necessary, but appropriate teaching cover must be arranged.

9.3 On admission, the School will supply information to parents about the procedure for children who may become ill or infectious. The school follows the guidelines from the DH Infection Control Unit when dealing with ill or infectious pupils.

10. **Procedure in the event of an accident or injury**

10.1 If an accident occurs, then the member of staff in charge should be consulted. That person will assess the situation and decide on the next course of action, which may involve calling immediately for an ambulance. If necessary, a School Nurse should be called as soon as is possible thereafter. First Aiders can also be called if necessary and should be called if a School Nurse is not available immediately.

10.2 In the event that the First Aider does not consider that they can adequately deal with the presenting condition by the administration of First Aid, then they should arrange for the injured person to access appropriate medical treatment without delay. This may involve calling for an ambulance or making arrangements to transport the injured person to A&E or access other appropriate medical services.

10.3 **Ambulances:** If an ambulance is called then a School Nurse or First Aider in charge should make arrangements for the ambulance to have access to the accident site. For the avoidance of doubt, the address should be provided and arrangements should be made for the ambulance to be met.

10.4 Staff should always call an ambulance when there is a medical emergency and / or serious injury.

10.5 Examples of medical emergencies include:

- a significant head injury
- fitting or unconsciousness
- difficulty in breathing and / or chest pains
- a severe allergic reaction
- a severe loss of blood
- severe burns or scalds
- the possibility of a serious fracture.

10.6 Arrangements should be made wherever possible, to ensure that any pupil is accompanied in the ambulance, or followed to hospital, by a member of staff if it is not possible to contact the parents in time.

10.7 If a spillage of blood or other bodily fluids occurs, a School Nurse must be informed. A School Nurse will then arrange for the proper containment, clear up and cleansing of the spillage site.

11. **Procedure in the event of contact with blood or other bodily fluids**

11.1 The First Aider should take the following precautions to avoid risk of infection:

11.1.1 cover any cuts and grazes on their own skin with a waterproof dressing;

11.1.2 wear suitable disposable gloves when dealing with blood or other bodily fluids;

11.1.3 use suitable eye protection and a disposable apron where splashing may occur;

11.1.4 use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation;

11.1.5 wash hands after every procedure.

11.2 If the First Aider suspects that they or any other person may have been contaminated with blood and other bodily fluids which are not their own, the following actions should be taken without delay:

11.2.1 wash splashes off skin with soap and running water;

11.2.2 wash splashes out of eyes with tap water or an eye wash bottle;

11.2.3 wash splashes out of nose or mouth with tap water, taking care not to swallow the water;

11.2.4 record details of the contamination;

11.2.5 report the incident to a School Nurse and take medical advice if appropriate.

12. **First Aid in the PE department**

12.1 **Location of first aid equipment:** The department is responsible for providing First Aid boxes and bags for the relevant sporting areas within the School. The fixed positions are as follows:

- Girls PE office Senior/ Junior
- Boys PE Office Senior/Junior
- Swimming Pool
- Junior School changing rooms (includes a cold weather kit)

12.2 There are 4 bags which can be used by team managers for home and away fixtures.

12.3 An emergency stretcher and blankets are available in the Medical centre waiting area and 'cold weather' kits are held by PE staff to use in the event that an ambulance response is delayed.

12.4 **Away fixtures:** A medical bag should be taken with the travelling team. If an incident occurs medical treatment should be sought from the visiting school First Aid staff. If necessary, the pupil should be taken to nearest hospital casualty department by a member of staff. Treatment and after-care should then be followed up by a School Nurse. Any incident of treatment must be reported to a School Nurse on return to School and appropriate accident forms and head injury record sheets should be provided.

13. Reporting

- 13.1 The First Aider should complete a record of First Aid provision. A separate head injury assessment sheet must also be completed in the case of all injuries to that part of the body.
- 13.2 All injuries, accidents and illnesses, must be reported to a School Nurse and she is responsible for ensuring that the accident report forms and books are filled in correctly and that parents and HSE are kept informed as necessary.
- 13.3 The School will inform parents of any accident during the school day that has required medical attention from a School Nurse. In the Junior School, this will be in the form of a written note, telephone message or conversation with a parent, whichever is appropriate, and in the Senior School, unless the injury requires further assessment treatment or review, the pupil will be expected to inform parents. Where there is a need for further intervention, the school nurses will contact the parents as soon as reasonably practicable.
- 13.4 The School will notify local child protection agencies, as appropriate, of any serious accident or injury to, or the death of, any child whilst in their care and act on any advice given. Notification will be made as soon as is reasonably practicable, but in any event within 14 days of the incident occurring.
- 13.5 **School Accident and Illness reporting:** All injuries, accidents, illnesses and dangerous occurrences (unless very minor in the view of a School Nurse or, in the Junior School, other authorised First Aider) must be recorded on the ISAMS Medical Module. The date, time and place of the event or illness must be noted with the personal details of those involved with a brief description of the nature of the event or illness. What happened to the injured or ill person immediately afterwards should also be recorded. Records should be stored for at least three years or if the person injured is a minor (under 18), until they are 25 or eight years after death, whichever is sooner. Any serious accidents or near misses must also be reported to the Bursar as soon as possible thereafter so that appropriate investigations can be undertaken, insurers can be notified of potential claims and remedial actions or amendments to procedures can be taken to prevent recurrence.
- 13.6 **Accident report form:** The first on scene first aider, in conjunction with a School Nurse, will fill in an accident report form for every serious or significant accident that occurs on or off the School site if in connection with the School's activities and will keep a record of any accident or injury sustained and details of any First Aid treatment given to a pupil on or off the School site]]². This will be kept by a School Nurse. Records should be stored for at least three years or if the person injured is a minor (under 18), until they are 21. All health records should be stored until the age of 25 or 8 years after death, whichever is sooner, in whatever data format the records are held (DoH NHS England).
- 13.7 **Reporting to Parents:** In the event of serious accident or injury parents must be informed as soon as practicable. The member of staff in charge at the time will decide how and when this information should be communicated, in consultation with the Head and Bursar if necessary. The School will inform parents of any accidents or injury or First Aid treatment that is given to pupils in the EYFS setting on the same day or as soon as is reasonably practicable.³
- 13.8 **Reporting to HSE:** Schools are legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (SI 2013/1471) (**RIDDOR**)

³ EYFS requirement

to make a report to the HSE. The Bursar must be notified immediately if any of the following occur which must be reported to the HSE:

13.8.1 Accidents involving Staff

13.8.2 work related accidents resulting in death or 'specified' injury (including as a result of physical violence) must be reported immediately (major injury examples: any loss of consciousness caused by head injury or asphyxia; amputation); or

- (a) work related accidents which prevent the injured person from continuing with his / her normal work for more than seven days; or
- (b) cases of work related diseases that a doctor notifies the School of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer); or
- (c) certain dangerous occurrences (near misses - reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health).

13.8.3 Accidents involving pupils or visitors

- (a) accidents where the person is killed or is taken from the site of the accident to hospital and where the accident arises out of or in connection with:
 - (i) any School activity (on or off the premises)
 - (ii) the way a School activity has been organised or managed (e.g. the supervision of a field trip)
 - (iii) equipment, machinery or substances
 - (iv) the design or condition of the premises.

13.9 More information on how and what to report to the HSE, can be found in Incident reporting in schools (EDIS1 (revision 3)) and at <http://www.hse.gov.uk/riddor/resources.htm>.

13.10 It is also possible to report online via the following link: <http://www.hse.gov.uk/riddor/index.htm>.

14. Monitoring

14.1 The Head and/or Bursar will organise a regular review of the School Accident and Illness book in order to take note of trends and areas of improvement. This will form part of the (at least) annual First Aid risk assessment. The information may help identify training or other needs and be useful for investigative or insurance purposes. In addition, the Head will undertake a review of all procedures following any major incident to check whether the procedures were sufficiently robust to deal with the major occurrence or whether improvements should be made.

Status

Drafted in accordance with:

Blood-borne viruses in the workplace: guidance for employers and employees (Health and Safety Executive, 2001)

Control of Substances Hazardous to Health Regulations 2002

Education (Independent School Standards) (England) Regulations 2014

Health and Safety at Work etc Act 1974

Health and Safety (First-Aid) Regulations 1981 (as amended 2018)

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (SI 2013/1471)

Road Vehicles (Construction and Use) (Amendment) Regulations 2020

Statutory Framework for the Early Years Foundation Stage (Department for Education, 2021)

**Authorised by
Chair of Governors**

Christopher Dunn

Date

06.12.2022

Circulation

Governors / teaching staff / all staff / parents / website

Status

Regulatory

Appendix 1 Part 2 of schedule 7 of the Road Vehicles (Construction and Use) Regulations 1986 (SI 1986/1078)

First Aid equipment:

- Ten antiseptic wipes, foil packed
- One conforming disposable bandage (not less than 7.5 cm wide)
- Two triangular bandages
- One packet of 24 assorted adhesive dressings
- Three large sterile un-medicated ambulance dressings (not less than 15.0 cm × 20.0 cm)
- Two sterile eye pads, with attachments
- Twelve assorted safety pins
- One pair of stainless steel blunt-ended scissors.

Appendix 2a Trained First Aid Staff (showing qualification expiry date)

		LOCATION	TYPE	VALID UNTIL
Hannah	Atenyam	Senior School	First Aid at Work	09.02.25
Helen	Baker	Junior School	Emergency First Aid at Work	29.06.25
Karen	Bamforth	Catering	First Aid at Work	24.08.23
		After School Care	Emergency Paediatric First Aid	08.07.24
Catherine	Battersby	Catering	First Aid at Work	04.02.24
Tom	Bennett	Grounds	First Aid at Work	26.10.25
Rob	Bowden	Sports	Emergency First Aid at Work & AED Training	14.10.24
Emma	Brakewell	Breakfast Club	Paediatric First Aid	25.02.24
Tracy	Bunbury	Senior School	First Aid at Work	08.02.25
Yvonne	Cartwright	Senior School	First Aid at Work	18.07.24
Carole	Chadwick	Nursery	Paediatric First Aid	18.10.24
Hayley	Clarke	Nursery	Mental Health First Aid	04.11.23
			Paediatric First Aid	05.02.23
Jane	Connolly	Mid-day Asst	Paediatric First Aid	07.06.25
Alex	Cooke	Senior School	Emergency First Aid at Work & AED Training	05.10.25
Lauren	Cooke	Mid-day Asst	Emergency Paediatric First Aid	08.07.24
Martin	Cooke	Junior School	Emergency First Aid at Work	26.08.22
Matthew	Copping	Junior School	Mental Health First Aid	30.09.25
Hugo	Corbett	Sports	Emergency First Aid at Work & AED Training	07.10.24
Bronagh	Corr	Junior School	Paediatric First Aid	01.10.23
Paul	Croft	Senior School	First Aid at Work	24.01.24
Hayley	Crowley	Senior School	Emergency First Aid at Work & AED Training	05.10.25
Lucy	Dunstan	Mid-day Asst	Paediatric First Aid	05.07.25
Lisa	Edgar	Senior School	First Aid at Work	11.12.22
Michael	Elstone	Sports	Emergency First Aid at Work & AED Training	14.10.24
Sandra	Gaffney	Senior School	First Aid at Work	13.05.24
Ken	Gardiner	Sports	Emergency Response: Sports Injuries	02.09.25

Michelle	Gay	Junior School	Paediatric First Aid	25.04.24
Mark	Goddard	Sports	Emergency First Aid at Work & AED Training	17.11.25
Sarah	Gulson	Senior School	First Aid at Work	08.11.22
Sarah	Hall	Senior School	Schools First Aid	29.11.23
Catherine	Hampson	Junior School	Paediatric First Aid	14.05.24
Anton	Hanson	Sports	Emergency First Aid at Work & AED Training	07.10.24
Michael	Harte	Senior School	First Aid at Work	20.06.25
Jackie	Holleworth	Senior School	First Aid at Work	09.02.25
Adam	Hughes	Senior School	Outdoor First Aid	09.01.25
James	Humphreys	Senior School	First Aid at Work	22.12.24
Alison	Hutchinson	Junior School	Paediatric First Aid	21.09.24
Sarah	Johnson	Senior School	First Aid at Work	05.10.23
Cheryl	Jones	After School Care	Paediatric First Aid	05.02.23
David	Jones	Swimming	Level 2 Award for Safety	14.05.24
Jacqui	Kelly	Mid-day Asst	Paediatric First Aid	18.08.23
Paige	Kindred	Sports	Emergency First Aid at Work & AED Training	07.10.24
Diana	Koziel	Junior School	Paediatric First Aid	29.05.25
Samantha	Lansdown	Senior School	First Aid at Work	14.06.24
Debbie	Leonard	Junior School	Paediatric First Aid	29.09.23
Adam	Longshaw	Sports	Emergency First Aid at Work & AED Training	07.10.24
Amayla	Lomas	Mid-day Asst	Emergency Paediatric First Aid	08.07.24
Jo	Maskery	Sports	Emergency First Aid at Work & AED Training	07.10.24
Eileen	McCall	Catering	First Aid at Work	09.11.25
Simon	Milnes	Junior School	Mental Health First Aid	30.09.25
Pauline	Mitchell	Catering	Emergency Paediatric First Aid	08.07.24
Jemma	Newhouse	Nursery	Paediatric First Aid	05.02.23
Kirsten	Owen	Senior School	Emergency First Aid at Work & AED Training	05.10.25
Shelley	Pardon	Mid-day Asst	Emergency Paediatric First Aid	08.07.24

Jess	Pass	Senior School	Emergency First Aid at Work & AED Training	05.10.25
Jo	Pepper	Swimming	Paediatric First Aid (TBA)	10.10.25
Wayne	Pybus	Sports	Emergency First Aid at Work & AED Training	14.10.24
Kallum	Quinn	Grounds	First Aid at Work	26.10.25
Carla	Roe	Junior School	Paediatric First Aid	11.03.25
Paul	Slingsby	Senior School	First Aid at Work	16.12.23
Alison	Smith	Senior School	Emergency First Aid at Work & AED Training	05.10.25
Chris	Steele	Mid-day Asst	Emergency Paediatric First Aid	08.07.24
Matt	Sturgess	Sports	Emergency First Aid at Work & AED Training	07.10.24
Andy	Taylor	Junior School	Emergency First Aid at Work	05.05.25
Alastair	Thorley	Senior School	Emergency Responder	
Jane	Turner	Catering	Emergency Paediatric First Aid	08.07.24
Laura	Turner	DoE	First Aid at Work	14.08.24
Mark	Vernon	Junior School	Mental Health First Aid	01.07.25
Andy	Walker	Maintenance	First Aid at Work	24.08.23
Kirsty	Wallace	Catering	First Aid at Work	09.11.25
Katrina	Wilkinson	Sports	Emergency First Aid at Work & AED Training	14.10.24
Sharon	Withington	Sports	Emergency First Aid at Work & AED Training	07.10.24

Appendix 3

Epilepsy Policy

In developing this policy the school acknowledges the advice and guidance of the Epilepsy Action Group, Epilepsy Research UK, alongside Specialist Epilepsy Nursing teams.

The school recognises that epilepsy is a condition which affects a number of pupils at the school. The school welcomes all pupils with epilepsy and through the policy those pupils will be able to achieve their full potential in all aspects of school life. It is vital that this policy is understood by all staff. All relevant staff will be given training on epilepsy management.

- All pupils with epilepsy have an Individual Health Care Plan (IHCP).

- Staff should have a clear understanding of the condition and what to do in the event of a seizure. Training on IHCP is given to teachers who have a pupil under their care.
- Pupils will be encouraged to understand the condition so that they can support their fellow pupils. This should be done through the PSHCE programme.
- The school works in partnership with specialist teams and parents to provide a continuation of care for those pupils who suffer from the condition.
- Staff are informed each year of the children who have epilepsy, with copies given to HOD's to be kept confidentially.
- Advice and further information is available on individuals from the School Nurse.
- Stockport Grammar School will work in partnership with all parties to ensure the policy is implemented and maintained and to ensure effective communication of the policy.

EPILEPSY

Epilepsy is a brief disruption in the normal electrochemical activity of the brain, which can affect people of all ages, backgrounds and levels of intelligence.

It is not a disease or an illness, but may be a symptom of some physical disorder. However, its cause especially in the young, may have precise medical explanation.

Tonic Clonic Seizure (arinal mal)

The child may make a strange cry and fall suddenly. Muscles first stiffen and then relax and jerking and convulsive movements begin which can be quite vigorous. Saliva may appear around the mouth and the child be may be incontinent.

Complex and Partial Seizures (temporal lobe seizures)

These occur when only a portion of the brain is affected by excessive electrical discharge. There may be involuntary movements such as twitching, plucking at clothing or lip smacking. The child may appear conscious but be unable to speak or respond during this form of seizure. Ensure the safety of the child and gently move them away from any dangers. Speak calmly to the child and stay with them until the seizure has passed.

Absence (petit mal)

This can easily pass unnoticed. The child may appear to daydream or stare blankly. There are very few signs that a child is in seizure. These types of episodes if frequent, can lead to serious learning difficulties as the child will not be receiving any visual or aural messages during those few seconds. Therefore, it is important to be understanding, note any probable episodes, check with the child that they have understood the lesson and inform parent.

Teachers can play an important role in recognising a seizure, recording changes in behavioural patterns and frequency.

Procedure for an Epileptic Seizure

Total seizure (tonic clonic)

- KEEP CALM – Pupils will tend to follow your example! Let the seizure follow its own course – it cannot be stopped or altered.
- Ask the other pupils to leave the room and ask a responsible pupil to fetch another adult. Then contact the School Nurse.
- Note the time of the seizure
- Protect the child from harm. Only move them if in immediate danger. If possible move objects that may cause injury away from the immediate area.
- As soon as possible (normally post fit) place the child on their side – this does not have to be the recovery position but just so that the tongue can fall forward and excessive saliva can drain out of the mouth.
- Support their head and stay with the child until completely recovered.
- Talk quietly to the child and reassure but do not try to restrain any convulsive movements.
- Do not put anything into the mouth or offer drinks until fully recovered.
- Remove to the Medical room when safe to do so.
- The nurse or first aider should then make a full assessment of the seizure and note any injuries that may have been sustained
- Allow the child to rest and sleep following the seizure as this may be the first in a cluster of seizures. Ensure then remain on their sides.
- Inform the parents and arrange for collection
- If the fit lasts any longer than 5 minutes, call an ambulance immediately. It is very important the child is assessed at the hospital and the sooner this happens, the better.
- If the ambulance is summoned then report the seizure in as much detail as you can especially how long it has lasted.
- A member of staff needs to accompany the child to hospital and stay with them until a parent arrives.

Appendix 4

Diabetes Policy

In developing this diabetes policy, the school acknowledges the advice and guidance of Diabetes UK. The school recognises that diabetes is widespread condition affecting many children. The school welcomes children with diabetes and recognises its responsibility in caring for them. All relevant staff will be given training on diabetes management.

- All pupils with diabetes have an Individual Health Care Plan reviewed annually by the diabetes team.
- Relevant staff have a clear understanding of diabetes and to be able to recognise common signs and symptoms associated with the condition.
- Pupils will be encouraged to recognise the signs and symptoms to support their fellow pupils.
- Staff will be informed each year of the children who have diabetes and a printed copy of names will be given to HOD's to keep confidentially.
- The catering staff also need to be aware of our diabetic pupils in case high sugar refreshments are needed urgently.
- The school will work in partnership with all parties to ensure the policy is implemented and maintained and to ensure effective communication of the policy.

DIABETES

Diabetes is a condition in which the amount of sugar in the blood stream is too high. This comes about because the body fails to either produce insulin or enough insulin to deal with the sugar.

As a result the sugar builds up in the blood causing high blood sugar levels (Hyperglycaemia). People with diabetes control their blood sugar levels with diet which provides a predictable amount of sugar or carbohydrate and insulin can be delivered by pen or pump therapy and continuous blood glucose monitoring. (CBGM) **Monitoring is essential to achieve optimal diabetes management. The CYP must be encouraged to take responsibility for their own medicines and BG equipment and be allowed to check whenever their levels at any time.**

CBGM can be achieved by a small waterproof sensor that is inserted under the skin with measured the glucose in the tissue every few minutes. Some sensors are linked to insulin pumps, some are stand alone. Monitors can be alarmed to alert the child or young person to a drop or rise in glucose levels.

Flash glucose monitoring (FGM) is monitoring the glucose levels by a hand-held device held over the sensor. This shows real time glucose levels.

Children particularly can have emotional and behavioural difficulties as a result of their condition and much support is required.

Hypoglycaemia – low blood sugar 'HYPO'

Hyperglycaemia – high blood sugar 'HYPER'

Causes of Hypoglycaemia: (low blood sugar)

Inadequate amounts of food eaten missed or delayed

Too much or too intense exercise

Excessive insulin

Unscheduled exercise

Problems with pumps or (CBGM) devices.

Recognition of Hypoglycaemia

Onset is **SUDDEN**

Weak, faintness or hunger
Palpitation (fast pulse) tremor
Strange behaviour or actions
Sweating, cold, clammy skin
Headache, blurred vision, slurred speech
Confusion, deterioration levels of response leading to unconsciousness
Seizures

Treatment of Hypoglycaemia

Call or send for the School Nurse or first aider (**Ext 248**)
Ask child to check Blood glucose levels if they are able.
Ensure the child eats a quick sugar source e.g. Glucose tablet, gel or fruit juice
Wait 10 minutes if feels better, follow with a carbohydrate type snack e.g. Biscuit cereal bar etc.
Once recovered allow to return to normal school activities
Inform parents or guardian of the episode

If the child becomes drowsy and unconscious the situation is **LIFE THREATENING**

Call **999** and request an ambulance
State that the child has type 1 diabetes.
Place the child in recovery position and stay with the child
Contact the parent/guardian

Causes of Hyperglycaemia: (high blood sugar)

Too much food
Too little insulin
Decreased activity
Illness
Infection
Stress

Recognition of Hyperglycaemia:

Onset is over time – hours or days
Warm dry skin, rapid breathing
Fruity sweet smelling breath
Excessive thirst and increasing hunger
Frequent passing of urine
Blurred vision
Stomach ache, nausea, vomiting
Skin flushing
Lack of concentration
Confusion
Drowsiness that could lead to unconsciousness

Treatment of Hyperglycaemia

Call and send for School Nurse or first aider (**Ext 248**)
Check their pump site and CBGM site to rule out dysfunctional equipment.
Encourage child to drink water
Allow child to administer extra insulin according to their (IHCP)
Permit child to rest before resuming activities if feeling well enough
Advise to check their blood glucose levels regularly
Contact parent or guardian to inform them of the incident

Please contact the School Nurses for further advice, help and support.

Appendix 5

Asthma Policy

In developing this Asthma policy the school acknowledges the advice and guidance of the National Asthma UK Campaign. The school recognises that Asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school welcomes all pupils with asthma and through the policy pupil will be able to achieve their full potential in all aspects of school life. All relevant staff will be given training on Asthma management and will be expected to update this regularly.

- All pupils with Asthma will have an individual health care plan (IHCP) completed annually by a health professional.
- If the school stores spare inhalers for individual children it must be kept with the health care plan in a plastic storage box labelled in the medical centre.
- Relevant staff need to have a clear understanding of Asthma and what to do in the event of an Asthma attack.
- Pupils should be encouraged to understand their condition and how to manage this through their (IHCP).
- Staff will be informed annually of those children who suffer with asthma. The individual health care plans will be available for staff to take off site with the pupil. Heads of Departments will be given a list of asthma sufferers to be kept confidentially and a list will be available on isams.
- Any further information can be obtained from the School Nurse.
- The school will work in partnership with all parties to ensure effective communication of the policy.
- Spare emergency asthma kits will be available for taking off site for the use of those with a diagnosis of Asthma and who's' parents have opted to consent to use.

ASTHMA

Asthma is a condition that affects the airways. When a person with asthma comes into contact with something that irritates their airway, the muscles around the walls of the airway tighten so that the airway becomes narrow and the lining inflamed and starts to swell. Sometimes sticky mucous or phlegm builds up which can further narrow the airways. This makes it very difficult to breathe and leads to symptoms of asthma.

Recognising an asthma attack:

- The airways in the lungs become restricted
- The child will have difficulty speaking
- The child may wheeze and /or cough
- The child may become quickly distressed, anxious and exhausted. They may appear blue around the lips and mouth.
- Younger children will sometimes complain about tummy ache

What to do if a child has an asthma attack:

- Ensure that the reliever (blue) inhaler is taken if prescribed (2 puffs immediately followed by 1 puff every minute for 5 minutes)
- Send for the nurse (Extn 248)
- Stay calm and reassure the child
- Ensure the child sits upright and slightly forward
- Loosen any tight clothing
- Encourage slow deep breaths

Call 999 and request an ambulance urgently if:

- The reliever (blue inhaler) has had no effect after 5 - 10 minutes
- The child is unable to talk or increasingly distressed
- The child is disorientated or collapses
- The child looks blue around the mouth and lips
- If you have any doubts about the child's condition

Inform the parents or guardian as soon as possible about the attack.

Minor attacks should not interrupt the child's involvement in the school day and they should return to activities when they are fully recovered.

Please contact the School Nurse for advice, help and support and for further information.

Appendix 6

Anaphylaxis Policy

In developing this policy, the school acknowledges the advice and guidance of the Anaphylaxis UK and Allergy Wise. The school recognises that allergies are widespread, serious, but manageable and can affect a large number of pupils at the school. The school welcomes children who suffer with allergies and through the policy pupils will be able to achieve their full potential in all aspects of school life. All relevant staff will be given training on all aspects of managing anaphylaxis and will be expected to update annually.

The aim of the policy is to:

- Recognise that allergic shock (Anaphylaxis) is a condition affecting children, and welcomes children with allergies.
- All pupils identified as anaphylactic will have an Individual Health Care Plan.
- All relevant staff will have an understanding of what it means to be allergic whether it be a reaction of the skin, airborne, contact, ingestion, or injection. They will be able to recognise and respond to a child who may be having an anaphylactic reaction including the administering of emergency adrenaline. Auto Adrenaline injectors (AAI's).
- The school must hold an AAI's for emergency use for those children who are prescribed it and also other antihistamine medicines in either tablet or syrup form to respond to more minor reactions.
- All medications will be labelled and stored appropriately in the medical room and catering departments. Each child will have an individual box containing their medicine and Information about their allergy management. This box can be taken off-site on school excursions.
- Staff will be informed of those children who have this condition. A folder containing all necessary information on each individual will be given to Heads of Departments each year with another copy available in the staff room. And on the staff 'T' drive.
- The catering department will be made aware of all children who have allergies and hold an emergency AAI's as prescribed.
- The school will work in partnership with all parties to ensure the policy is implemented.

Allergy

An allergy is a hypersensitive reaction to intrinsically harmless antigens (substances) usually proteins cause the formation of an antibody which specifically reacts with it. In susceptible individuals the reaction may develop within seconds or minutes of contact with a trigger factor. The exposure may result in a severe allergic reaction that can be life threatening.

In an anaphylactic reaction, chemicals are released into the blood stream that widen the blood vessels and narrow the air passages. Blood pressure falls and breathing becomes impaired. The throat and tongue can swell thus increasing the risk of hypoxia (lack of oxygen in the blood).

Triggers

- Skin or airborne contact with particular materials
- Injection of a specific drug
- Insect bite
- Ingestion of certain foods. EG. Nuts, fish and dairy products.

Recognition

- Anxiety (sense of impending doom)
- Widespread blotchy skin rash or Hives anywhere on the body
- Swelling of the lips, tongue and throat
- Puffiness around the eyes
- Rapid pulse rate
- Difficulty/Impaired breathing (wheezing)

Serious symptoms

- Cold, clammy skin
- Blue/grey tinge around lips
- Weakness/dizziness slowing pulse rate
- Rapid shallow breathing

Progress further

- Restlessness
- Aggressiveness
- Gasping for air
- Unconsciousness

Treatment

- Call or send for help either school nurse or first aider (Ext 248).
- Senior school aged pupils should have an epi pen on their person. If not, ask a member of staff to get the emergency inhaler from the medical room.
- Ask member of staff to get pupils emergency medicine box from medical room.
- Administer antihistamine tablet/syrup AAI as prescribed.
- If the pupil recovers without the use of AAI, allow time to rest observe and contact parents.
- If serious symptoms appear call 999, request ambulance and administer **Adrenaline via the AAI immediately if prescribed.**
- Stay with pupil, note the time AAI was given and reassure pupil.
- Give as much detail to the ambulance crew on arrival regarding the allergic reaction and what medicine type and dosage you have given and at what time.