STOCKPORT GRAMMAR SCHOOL

FIRST AID POLICY

(Reviewed by Governors 13.10.2020)

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.

1.2 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.

1.3 Stockport Grammar School is mindful of the need to safeguard the well being of all pupils staff and visitors to the School and will ensure, as far is reasonably possible, compliance with paragraph 3(6) of the schedule to the Education (Independent School Standards) (England) Regulations 2010 (SI 2010/1997), the Health and Safety at Work etc Act 1974 and subsequent regulations and guidance including the Health and Safety (First Aid) Regulations 1981 (SI 1981/917) and the *First Aid at work: Health and Safety (First Aid) Regulations 1981 approved code of practice and guidance*.

1.4 This policy can be made available in large print or other accessible format if required.

2. Definitions

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.

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**) or Emergency First Aid at Work (**EFAW**).

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).

Staff: means any person employed by the School, volunteers at the School and self employed people working on the premises.

School Doctor: is Dr Tom Howling to whom the school can refer for advice and guidance.

School Nurses: are Mrs Pam Ward and Mrs Christine Kenney who are primarily located in the School's Medical Centre.

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.

3. Aims of this policy

3.1 To ensure that the School has adequate, safe and effective First Aid provision in order for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury, no matter how major or minor.

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

3.3 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.

4. Who is responsible?

4.1 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.

4.2 The Headmaster 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.

4.3 The Headmaster 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.

4.4 The Headmaster 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.

4.5 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.

4.6 **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.

The staff listed in Appendix 2 have completed a HSE approved First Aid course and hold a valid certificate of competence in First Aid at Work (**FAW**) or Emergency First Aid at Work (**EFAW**):

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.

The First Aiders will undergo update training at least every three years.

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.

4.7 **Anyone on School premises:** Anyone on the School premises is expected to take reasonable care for their own and others' safety.

5. First Aid boxes

5.1 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 2011[1]].

5.2 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
- Pre-Reception 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 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

[1] EYFS only.

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.

All requirements for the First Aid kits are supplied by the School Nurses and are regularly stocked at request of individual departments.

5.3 **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.

5.4 **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. Dialstone Lane Pavillion has its own first aid emergency bag

6. Information on pupils

6.1 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.

6.2 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.

7. Procedures for pupils with medical conditions such as asthma, epilepsy, diabetes etc

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.

As of October 2014 the Medicines Act now 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)

'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'

As of October 2017 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.

8. Procedure in the event of illness

8.1 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.

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

8.3 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.

9. Procedure in the event of an accident or injury

9.1 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. First Aiders can also be called if necessary and should be called if a School Nurse is not available immediately.

9.2 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.

9.3 **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.

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

9.5 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.

9.6 Arrangements should be made 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.

9.7 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.

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

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

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

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

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

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

10.1.5 wash hands after every procedure.

10.2 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:

10.2.1 wash splashes off skin with soap and running water;

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

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

10.2.4 record details of the contamination;

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

11. First Aid in the PE department

11.1 **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
- Dialstone Lane facility
- Swimming Pool

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

An emergency stretcher and blankets are available in the Medical centre waiting area

11.2 **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.

12. Reporting

12.1 The First Aider should complete a record of First Aid provision.

12.2 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.

12.3 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.

12.4 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.

12.5 **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.

12.6 **Accident report form:** A School Nurse, in conjunction with any staff involved, 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)

12.7 **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 Headmaster 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]

12.8 **Reporting to HSE:** Schools are legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (SI 2013/1471) (**RIDDOR**) to report the following to the HSE:

12.8.1 **Accidents involving Staff**

[3] EYFS requirement

(a) 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

(b) work related accidents which prevent the injured person from continuing with his / her normal work for more than seven days; or

(c) 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

(d) 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).

12.8.2 **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.

12.9 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.

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

13. Monitoring

13.1 The Headmaster 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 Headmaster 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 (SI 2002/2677) Education (Independent School Standards) (England) Regulations 2010 (SI 2010/1997) *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) Health and Safety at Work etc Act 1974 Health and Safety (First-Aid) Regulations 1981 (SI 1981/917) Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (SI 2013/1471) Road Vehicles (Construction and Use) Regulations 1986 (SI 1986/1078) *Statutory Framework for the Early Years Foundation Stage* (Department for Education, 2014)

Authorised by Chairman of Governors	Christopher Dunn
Date	13.10.2020
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 (by location)

The following staff have completed an HSE approved First Aid course and hold a valid certificate of competence in First Aid at Work (FAW) or Emergency First Aid at Work (EFAW). These qualifications are reviewed and renewed on an annual basis.

	NAME	TYPE	JOB TITLE	PLACE OF WORK
Senior School Teaching Staff	Alex Philips	Emergency First Aid	Bus/Econ Teacher	Woodsmoor Building
	Hugo Corbett	Emergency First Aid at Work & AED Training	PE Teacher	Sports & Games
	Katrina Wilkinson	Emergency First Aid at Work & AED Training	PE Teacher	Sports & Games
	Anton Hanson	Emergency First Aid at Work & AED Training	PE Teacher	Sports & Games
	Sharon Withington	Emergency First Aid at Work & AED Training	PE Teacher	Sports & Games
	Chris Wright	Emergency First Aid at Work & AED Training	PE Teacher	Sports & Games
	Laura Goddard	Emergency First Aid at Work & AED Training	PE Teacher	Sports & Games
	Rob Bowden	Emergency First Aid at Work & AED Training	PE Teacher	Sports & Games
	Abigail Downing	Emergency First Aid at Work & AED Training	Dance Coach	Hallam
	Alastair Thorley	Emergency Responder	Head of Classics	Woodsmoor Building
Senior School Support Staff	Hannah Atenyam	First Aid at Work	Mktg & Events Officer	External Rel. Dept
	Laura Turner	First Aid at Work	D o E Award Co-ordinator	
	Catherine Battersby	First Aid at Work	Cook	Catering Department
	Yvonne Cartwright	First Aid at Work	Receptionist	Senior School Reception
	Paul Croft	First Aid at Work	Site Services Manager	Whole School
	Sandra Gaffney	First Aid at Work	School Administrator	Senior School Reception
	Sarah Gulson	First Aid at Work	School Secretary	Convent House
	Sarah Hall	Schools First Aid	D & T Technician	Art, D & T Department
	Michael Harte	First Aid at Work	Network Engineer	Hallam

	Jackie Holleworth	First Aid at Work	Receptionist	Senior School Reception
	Adam Hughes	Outdoor First Aid		
	Sarah Johnson	First Aid at Work	Music Administrator	Convent House
	Samantha Lansdown	First Aid at Work	Receptionist	Senior School Reception
	Andy Walker	First Aid at Work	Site Servies	Whole School
	Patrick McDermott	First Aid at Work	Caretaker	Whole School
	Karen Bamforth	First Aid at Work	Catering Assistant	Kitchen
	Paul Slingsby	First Aid at Work	Asst Site Services Manager	Whole School
	Sue Robinson	First Aid at Work	Caretaker	Whole School
	Fred Spencer	First Aid at Work	Caretaker	Whole School
Junior School Teaching Staff	Helen Baker	Emergency First Aid	Junior School Teacher	Junior School
	Catherine Hampson	Paediatric First Aid	EYFS Co-ordinator	EYFS
	Claire Nichols	Emergency First Aid at Work & AED Training	Jun School Teacher	Junior School
	Jo Pepper	Paediatric First Aid	Jun School Swimming Teacher	Swimming Pool
	Martin Cooke	Emergency First Aid	Head of PE	Junior School
	Andy Taylor	Emergency First Aid	Jun School Teacher	Junior School
Junior School Support Staff	Michelle Gay	Paediatric First Aid	Teaching Assistant	Infant Department
	Nicola Boothroyd	Emergency First Aid	Teaching Assistant	EYFS
	Cheryl Jones	Paediatric First Aid	After School Care Manager	After School Care
	Emma Brakewell	Paediatric First Aid	Breakfast Club Assistant	Breakfast Club
	Jane Connolly	Paediatric First Aid	Breakfast Club & Mid-day Assistant	Junior School
	Diana Koziel	Emergency First Aid	Junior School Teaching Assistant	Junior School
	Carolyn Tonge	First Aid at Work	Mid-day Supervisor	Junior School
	Jemma Newhouse	Paediatric First Aid	Nursery Assistant	EYFS

	Carole Chadwick	Paediatric First Aid	Nursery Assistant	EYFS
	Carla Peake	Paediatric First Aid	Nursery Manager	Junior School
	Alison Hutchinson	Paediatric First Aid	Teaching Assistant	Junior School
	Debbie Leonard	Paediatric First Aid	Teaching Assistant	EYFS
	Jacqui Kelly	Paediatric First Aid	Mid-day Assistant	Junior School
	Hayley Clarke	Paediatric First Aid	Nursery Assistant	EYFS

There are two qualified School Nurses, Mrs Pam Ward and Mrs Christine Kenny, who are primarily located in the School's Medical Centre, ext. 138, but can always be contacted to assist anywhere on the school site.

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

		TYPE	PROVIDER	QUALIFIED	VALID UNTIL
Hannah	Atenyam	First Aid at Work	St John Ambulance	12.02.19	11.02.22
Helen	Baker	Emergency First Aid at Work	St John Ambulance	25.03.19	22.05.22
Karen	Bamforth	First Aid at Work	St John Ambulance	25.08.20	24.08.23
Catherine	Battersby	First Aid at Work	St John Ambulance	14.02.18	13.02.21
Nicola	Boothroyd	Emergency First Aid at Work	Millies Trust	24.05.19	24.05.22
Rob	Bowden	Emergency First Aid at Work & AED Training	Rescue Emergency Care (Laura Turner)	03.09.18	03.09.21
Emma	Brakewell	Paediatric First Aid	St John Ambulance	TBA	13.07.20
Yvonne	Cartwright	First Aid at Work	St John Ambulance	05.06.18	04.06.21
Carole	Chadwick	Paediatric First Aid	Millies Trust	16.10.18	16.10.21
Hayley	Clarke	Paediatric First Aid	St John Ambulance	06.02.20	05.02.23
Jane	Connolly	Paediatric First Aid	Millies Trust	TBA	24.09.20
Martin	Cooke	Emergency First Aid at Work	Highfield	27.08.19	26.08.22
Hugo	Corbett	Emergency First Aid at Work & AED Training	Rescue Emergency Care (Laura Turner)	03.09.18	03.09.21
Paul	Croft	First Aid at Work	Health Surv. Serv.	21.12.17	20.12.20
Abigail	Downing	Emergency First Aid at Work & AED Training	Rescue Emergency Care (Laura Turner)	03.09.18	03.09.21
Lisa	Edgar	First Aid at Work	St John Ambulance	12.12.19	11.12.22
Michael	Edwards	First Aid at Work	British Red Cross	15.03.19	15.03.22
Sandra	Gaffney	First Aid at Work	St John Ambulance	15.05.18	14.08.21
Michelle	Gay	Paediatric First Aid	Millies Trust	27.04.18	27.04.21
Laura	Goddard	Emergency First Aid at Work & AED Training	Rescue Emergency Care (Laura Turner)	03.09.18	03.09.21
Sarah	Gulson	First Aid at Work	St John Ambulance	08.11.19	08.11.22
Sarah	Hall	Schools First Aid	St John Ambulance	30.10.17	29.10.20
Catherine	Hampson	Paediatric First Aid	Millies Trust	15.0518	15.05.21
Anton	Hanson	Emergency First Aid at Work & AED Training	Rescue Emergency Care (Laura Turner)	03.09.18	03.09.21
Michael	Harte	First Aid at Work	St John Ambulance	18.06.19	17.06.22
Jackie	Holleworth	First Aid at Work	St John Ambulance	15.01.19	14.01.22
Adam	Hughes	Outdoor First Aid	ITC	06.01.19	06.01.22
Alison	Hutchinson	Paediatric First Aid	Millies Trust	21.09.18	21.09.21
Sarah	Johnson	First Aid at Work	St John Ambulance	27.10.17	26.10.20
Cheryl	Jones	Paediatric First Aid	St John Ambulance	06.02.20	05.02.23

Jacqui	Kelly	Paediatric First Aid	Millies Trust	18.08.20	17.08.21
Diana	Koziel	Emergency First Aid	Millies Trust	24.05.19	24.05.22
Samantha	Lansdown	First Aid at Work	St John Ambulance	29.11.17	28.11.20
Debbie	Leonard	Paediatric First Aid	Millies Trust	Booked for 28.09.20	26.05.20
Jemma	Newhouse	Paediatric First Aid	St John Ambulance	06.02.20	05.02.23
Claire	Nichols	Emergency First Aid at Work & AED Training	Rescue Emergency Care (Laura Turner)	03.09.18	03.09.21
Carla	Peake	Paediatric First Aid (TBA)	St John Ambulance	16.10.18	16.10.21
Jo	Pepper	Paediatric First Aid (TBA)	Millies Trust	29.10.19	29.10.22
Sue	Robinson	First Aid at Work	St John Ambulance	26.10.18	25.10.21
Paul	Slingsby	First Aid at Work	St John Ambulance	17.11.17	06.11.20
Andy	Taylor	Emergency First Aid at Work	St John Ambulance	23.05.19	22.05.22
Alastair	Thorley	Emergency Responder	Emergency 1st Response	13.08.14	
Carolyn	Tonge	First Aid at Work	St John Ambulance	03.12.19	02.12.22
Laura	Turner	First Aid at Work	British Red Cross	09.02.18	09.02.21
Andy	Walker	First Aid at Work	St John Ambulance	25.08.20	24.08.23
Katrina	Wilkinson	Emergency First Aid at Work & AED Training	Rescue Emergency Care (Laura Turner)	03.09.18	03.09.21
Sharon	Withington	Emergency First Aid at Work & AED Training	Rescue Emergency Care (Laura Turner)	03.09.18	03.09.21
Chris	Wright	Emergency First Aid at Work & AED Training	Rescue Emergency Care (Laura Turner)	03.09.18	03.09.21

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 in understood by all staff. All relevant staff will be given training on epilepsy management.

- All pupils with epilepsy have and 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 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 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 will 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 via injection, pumps and continuous blood glucose monitoring. (CBGM) Children particularly can have emotional and behavioural difficulties as a result of their condition and much support is required.

Hypoglycaemia – low blood sugar
Hyperglycaemia – high blood sugar

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 n the staff rooms.
- 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 minutes 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 an 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 with 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 store 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 with be informed of those children who have this conditions. 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' dive.
- 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 anti body 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 passengers. 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)
- Ask member of staff to get pupils emergency medicine box from medical room
- Administer antihistamine tablet/syrup AAI as prescribed
- If pupil recovers without the use of AAI, allow time to rest observe and contact parents
- If serious symptoms appears 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 you have given.