



## SEDBERGH SCHOOL

<b>First Aid Policy</b>	
Version	2017.1
Effective from	May 2017
Extent of Policy	Sedbergh Senior School Sedbergh Prep School
Policy Owner	Bursar
Review by	September 2017
Governor audit by	tbc
Frequency of Audit	Annual
Circulation	Parents by request Teaching staff
Publication	Website Teaching Staff Handbook

### **Responsibilities of a first aider**

- Assess a situation quickly and safely, and summon appropriate help
- Never put yourself at risk
- Identify, as far as possible, the injury or the nature of the illness
- Protect the casualty from danger
- Give early, appropriate and adequate treatment in a sensible order of priority
- Report the accident and fill in appropriate documentation

### **First Aid Boxes – Senior School Locations –**

- Common Room
- Chemistry Block
- Biology Department
- Buskholme Pavilion
- Swimming Pool

- Main School Office
- All Boarding Houses
- Queen's Hall
- Bursary
- Each minibus

#### **First Aid Boxes – Prep School Locations –**

- School Office
- Pre-Prep – *ground and first floor*
- Beale House
- Cressbrook House
- Kitchen
- Art Block – *ground and first floor*
- Swimming Pool
- Sports Hall - in adjacent Domestic Science room
- Science laboratories – *1 in each laboratory*
- Rifle range
- Riding Stables
- Maintenance shed
- Each minibus
- Works Vehicles
- Sports Field – *garage adjacent to astroturf*

These are refilled termly – but staff must notify the School Medical Centre if replacement stock is needed.

#### **Telephoning for help**

Call the Sedbergh School Medical Centre on **01539 716164** but if urgent call **07799 696897**.

If you require an ambulance: dial 999. You will be asked which service you need and put you through to an appropriate control officer.

Always give the following information –

- Your telephone number
- The exact location of the incident, a road name or number, if possible, and any other junctions or land marks.
- The type and seriousness of the incident
- The number, sex and age of the casualties and any other details about their condition
- Always make sure that there is someone to guide the ambulance to the exact location of the injured person.

### **Basic Life Support**

- Ensure the safety of the first aider and the casualty
- Check the casualty for response
- If the casualty does not respond
- Shout for help
- Turn the casualty onto their back
- Open the airway using head tilt / chin lift
- Look / listen for chest movement / normal breathing
- If the casualty is not breathing normally commence CPR
- 30 chest compressions to two rescue breathes
- If you are unable or unwilling to give rescue breathes just give chest compressions until help arrives.

*Please see attached Resuscitation Council Guidelines for further details.*

### **Anaphylaxis**

Anaphylaxis is an extreme allergic reaction. It can happen in seconds and the casualty can deteriorate very quickly.

Presentation – the airway may become swollen or obstructed, there may be wheezing, gasping for breath, rapid pulse, swelling of the face and neck, vomiting and diarrhoea.

### **Management**

- Place the casualty in a comfortable position to aid breathing
- Keep calm
- If the casualty collapses place them in a recovery position
- Call the medical centre immediately and 999
- Administer an EpiPen – remove the blue cap, hold the EpiPen 10cm away from the thigh and jab the orange tip firmly against the outer thigh and hold in position for 10 seconds

EpiPens are located in –

- Medical Centre
- Duty nurse
- Queens Hall
- Common Room

In addition pupils with anaphylaxis have EpiPens in house.

### **Asthma**

This is a distressing condition in which the muscles of the air passages go into spasm and constrict, making breathing (particularly breathing out) difficult. Asthma attacks can be

triggered by an allergy, or nervous tension. Often there is no obvious cause. Many sufferers may be prone to sudden attacks at night.

Regular asthma sufferers generally know how best to cope with an attack. They will usually carry medication in the form of a puffer. The majority of these act to dilate the air passages to ease breathing.

Recognition:

- Difficulty in breathing particularly breathing out
- Wheezing
- Distress and anxiety

Treatment:

1. Reassure and calm the casualty
2. Help them to sit down, leaning slightly forward and resting on a support. Ensure a good supply of fresh air.
3. If the casualty has medication let them use it.

## **Epilepsy**

This is a tendency to recurrent seizures that are a result of biochemical changes in the brain. There are many different types of epilepsy such as focal (Absence) seizures where there is a brief loss of consciousness or violent seizures known as Tonic Clonic where the body can go stiff followed by short sharp jerking actions.

### **What to do when someone has a seizure**

**Do:**

- Ensure the area around the casualty is clear of furniture to avoid them harming themselves
- Place a cushion under their head, loosen their collar
- Time how long the jerking lasts
- When the convulsion has stopped place them into the recover position, monitoring their airway, by tilting the chin upwards
- Stay with them until they are fully recovered
- Be calmly reassuring

**Don't:**

- Restrain their movements
- Put anything in their mouth
- Try to move them unless they are in danger
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round

Call the Medical Centre immediately.

## **Diabetes**

Diabetes is the body's inability to regulate the concentration of sugar in the blood. Insulin which is produced by the pancreas controls the blood sugar level. Lack of insulin in the blood sugar increases causing hyper glycaemia and too little sugar causes hypoglycaemia.

### **Hyperglycaemia (high blood sugar)**

**Presentation** -The casualty will present with increased thirst, passing lots of urine, feeling weak, abdominal pains and generalised aches, loss of appetite, nausea and heavy laboured breathing. May become unconscious.

**Management** – call the Medical Centre immediately. Encourage the casualty to drink lots of water. Monitor closely until help arrives. Call 999 if the casualty becomes unconscious.

### **Hyperglycaemia (low blood sugar)**

**Presentation** – pounding heart, pale, cold and sweaty, muscle tremble, confusion, aggressive, may feel faint. May become unconscious.

**Management** – If conscious give the casualty a sugary drink, glucose tablets followed by biscuits or sugary snack. Call the medical centre immediately.

If unconscious give Hypostop – liquid glucose that can be administered to the inside of the casualty cheeks and gently massaged in from outside.

## **Choking**

A foreign object sticking in the back of the throat may either block the throat or induce muscle spasm.

Recognition:

- Difficulty in speaking and breathing
- Blueness of the skin
- Signs from the casualty pointing to the throat or grasping the neck

Treatment:

1. Reassure the casualty. Bend them forward so that the head is lower than the chest.
2. Give up to five sharp blows to the back, between the shoulder blades with the flat of your hand.
3. If backslaps fail, try abdominal thrusts. Interlock your hands below the ribcage and pull sharply backwards and upwards. The sudden pull against the diaphragm compresses the chest and may expel the obstruction.
4. If this does not work try again 4 times and alternate with back blows.

## **Bleeding**

The first aider should control blood loss by applying pressure over the wound and raising the injured part

Take steps to minimise shock, which may be caused by extensive blood loss.

Protect the wound from infection, and promote natural healing by covering it with a dressing.

Pay scrupulous attention to hygiene to protect yourself and the casualty

Treatment:

1. Wash your hands with soap and water
2. If the wound is dirty clean it by rinsing with running water
3. Pat dry with a sterile swab
4. Cover the wound with sterile gauze and secure with adhesive dressing.

Foreign bodies:

Objects that are embedded in the wound should not be removed as this may cause further bleeding and tissue damage

## **Fractures**

### Treatment for closed fractures and dislocations

- To prevent movement at the site of injury
- Do not move the casualty until the injury has been secured
- To arrange removal to hospital maintaining comfortable support during transport
- Do not give the casualty anything to eat or drink

Treatment:

- Tell the casualty to keep still, and steady and support the injured part with your hands until it is immobilised
- For firmer support, secure the injured part of the to a sound part of the body
  1. *for the upper part of the body* support the arm against the trunk with a sling
  2. *for lower limb fractures* if removal to hospital will be delayed, bandage the sound leg to the injured one

### Treatment for open fracture

To prevent blood loss, movement and infection

1. steady and support the injured limb with your hands
2. Cover the wound with a sterile dressing and apply pressure to control bleeding

If bone is protruding, build up pads of gauze around the bone and bandage

- 3 Immobilise as for a closed fracture and keep elevated

### Treatment for soft tissue injuries

Sprains, strains and deep bruising are all initially treated following RICE

- R** rest the injured part
- I** Apply ice
- C** Compress the injury
- E** Elevate the injured part

### **Shock**

Shock can develop when the heart pump fails to do its job so that the pressure of the circulating blood is reduced. The most common type of shock is a heart attack. Shock can also happen when the volume of fluid circulating around the body is reduced. External or internal bleeding is an example. The body responds by withdrawing the blood supply from the surface to the core of the body.

Recognition:

- A rapid pulse
- Pale grey skin
- Sweating, cold clammy skin

Treatment:

1. Treat any cause of shock you can remedy
2. Lay the casualty down, keeping the head low
3. Raise and support his leg
4. Loosen tight clothes
5. Keep the casualty warm
6. Check breathing

### **Burns**

Treatment:

1. Flood the injured part with cold water for about 10 minutes to stop the burning and relieve the pain. If there is no water any cold harmless drink will do.
2. Gently remove any jewellery, watches or constricting clothes from the injured area before it begins to swell
3. Cover the area with a sterile dressing.

## **Dental Issues**

In the event that a pupil requires emergency dental care they can be seen and assessed by the duty nurse who will liaise with duty GP and Sedbergh Dental Practice. If a dental injury occurs out of hours ie after 5.30 pm or at weekends, appointments can be made via The Sedbergh Dental Practice on 015396 20626 and following the automated instructions for private patients.

## **Head Injuries**

### **Prep School Non-Sporting Head Injuries Policy**

If a child sustains a head injury at School the injured child must be seen and assessed as soon as possible by either the Matron or Nurse on duty. If the collision involves more than one child, all the children involved need to be seen and assessed.

The Matron/Nurse will document the mechanism of injury, the symptoms that the child presents with and will provide written documentation for the parents of the child if they are a day pupil (see Appendix A). If they are a boarder then the Housemaster/mistress should be informed.

Head injury instructions will be provided to parents/house staff and a sticker given to the child to highlight to all staff that they have sustained a head injury that day.

Parents must be informed of the event as soon as it is possible to contact them.

**Please note that head injury sustained during sporting events must follow the RFU concussion protocol.**

**First Aid Training**

First Aid at Work Training is arranged by medical staff and advertised to all staff members. Department heads need to ensure that their staff have up to date first aid certificates.

**First Aid at Work Certificate Holders from May 2017**

	<u>Expiry Date</u>	
Diane Airey	October 2017	Prep School
Chris Allinson	February 2019	Music/School House
Joy Anderson	October 2017	Carus
Jordan Annett	June 2018	PE/Sedgwick
Mark Appleton	October 2017	Physics/Winder
David Armitage	October 2017	Physics
Simon Arnold	October 2019	Design
Abi Astin	October 2018	Art
Izzy Beighton	October 2019	Sport
Debs Baines	September 2017	Prep School
Faye Barker	September 2019	Prep School
Faye Brown	December 2016	Prep School
Catherine Bettney	October 2018	EAL
Timothy Bolderstone	February 2019	MFL/Winder
Lisa Cash	February 2019	Brown of Sedbergh Shop
Kathy Catto	May 2019	Winder
Steve Cooling	February 2019	Geography
Mel Corrigan	October 2017	Learning Support
Haydn Davies	June 2018	Maths
Katy de la Riviere	March 2018	Archives
James Doherty	October 2018	Prep School
Katy Douglas	December 2018	Prep School
Paul Fairclough	February 2019	History/Politics
Amanda Ferguson	October 2018	Registrar's dept
Jim Fisher	October 2018	Geology
Emily Fitzherbert	March 2018	Biology/Carus
Anne Fleck	Nov 2018	Headmaster's spouse
Dick Gorst	September 2019	Prep School
Amy Grace	May 2019	Marketing
Colin Gunning	June 2018	Chemistry/Carus
Tracey Gunning	March 2017	Business Studies/Carus
Cate Hall	October 2017	Maths
Lizzie Harrison	Nov 2018	Registrar's dept
Chris Hattam	November 2017	RS/Shoot/School House
Nichola Hetherington	October 2018	Chemistry
Nick Hind	October 2019	Sport/Powell
Luke Hollis	October 2018	Prep School
Matt Holyland	September 2019	Prep School
Phil Hoskin	September 2019	Prep School

	<u>Expiry Date</u>	
Patricia Hoad	March 2018	Evans
Rebecca Hubbard	May 2019	Physics
Miranda Jarrett	September 2019	Prep School
Ed Kearton-Gee	November 2018	Art
Alexia Killgren	Nov 2018	English
Monika Kinder	May 2019	Hart
Elaine Lewis	October 2019	Learning Support
Iwan Lewis	Nov 2018	Mathematics
Paul Lucas	October 2019	Psychology
Jenny Macdonald	October 2018	Chemistry
Chris Mahon	June 2018	PE
Amy Marnoch	May 2017	Prep School
Lauren Marshall	April 2019	Prep School
Alisdair McMeechan	June 2018	Biology
Anastasia Micklethwaite	May 2019	Prep School
Nicky Millington	March 2018	SSDL
Eleanor Moore	September 2019	Prep School
Sam Moore	February 2019	Grounds
Caroline Morgan	Nov 2018	Mathematics
James Morgan	October 2018	Geography
Stuart Oliver	May 2019	PE/Sedgwick
Richard Parker	June 2019	Design
Susan Perkin	December 2017	Prep School
Howard Pimblett	March 2018	Biology
Sian Pittman	March 2018	Design
Philippa Prall	November 2018	History
Aidan Rhatigan	February 2019	MFL
Jon Richardson	October 2018	Geog/Running
Claire Robinson	April 2019	Prep School
Julia Rollings	September 2019	Prep School
Helen Rowland	March 2017	Geography
Ros Sanders	October 2019	Relief Matron
Will Scarr	October 2017	Design
Lucia Sdao	March 2018	Sport
Mark Shopland	June 2018	PE
Martin South	Nov 2018	Grounds
Martin Speight	June 2018	Games
Amy Shaw	March 2018	Prep School
Chris Swainson	June 2018	Physics/Maths
Paul Sweeting	January 2019	RS
David Thompson	May 2019	SSDL
Jill Tiffin	May 2019	Lupton
Daniel Tuson	February 2019	Grounds
Jane Tulloch	March 2018	Evans
Val Varley	October 2017	Relief Matron
Charles Vereker	March 2019	Prep School

	<u>Expiry Date</u>	
Anne Waller	June 2018	Robertson
Ellie Wallis	March 2018	Prep School/Carus
Cathy Want	October 2018	Drama
Brian Williams	February 2019	Chemistry/Sedgwick
Angela Wilson	Nov 2018	HM's Office
Mike Wilson	May 2019	Maintenance
Emma Wood	June 2018	Biology
Andrew Worgan	Nov 2018	Chemistry
Michelle Wright	February 2019	Bookroom
Kate Wright	February 2019	MFL
Lotte Wright	Nov 2017	English/Lupton

### **Immediate Care in Sport**

Justine Mahon (Senior School Nurse)

Jessica Hattam (School Nurse)

Appendix

<http://www.resus.org.uk/pages/bls.pdf>

Updated: July 2016

Updated: November 2016

Update: May 2017

Next Review: September 2017

Justine Mahon  
Senior Nurse

## **Appendix A**

### **Parental Form (following a non-sporting head injury)**

To the parents of:

Your child has sustained a head injury today (give date and time):

History of injury:

Symptoms that the child is complaining of:

Treatment given by Matron/Nurse:

### **Head Injury Instructions**

The child should be taken to a hospital or a doctor immediately if the following occurs:

- vomiting
- headache develops or increases
- becomes restless or irritable
- becomes dizzy, drowsy or cannot be roused
- has an epileptic fit (convulsion)
- anything else unusual occurs.