



## SEDBERGH SCHOOL & CASTERTON, SEDBERGH PREPARATORY SCHOOL

<b>First Aid Policy</b>	
Version	2021.3
Effective from	October 2021
Extent of Policy	Sedbergh School Casterton, Sedbergh Preparatory School
Policy Owner	Nurse Manager
Review by	September 2022
Governor audit by	tbc
Frequency of Audit	Annual
Circulation	Parents by request Teaching staff
Publication	Website Teaching Staff Handbook

Sedbergh School and Casterton, Sedbergh Prep School aim to provide an outstanding education for boys and girls between the ages of 3 and 19. At the heart of the education provided lies pastoral care of pupils, whether boarding or day. The School has a large number of first aid trained staff supported by School Nurses based in the Sedbergh Medical Practice, allowing the School community to benefit from excellent medical provision.

### **Policy Aims**

- To ensure that there is an adequate provision of appropriate first aid at all times.
- To ensure that where individuals have been injured there are suitable mechanisms in place to provide remedial treatment.

### **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

### **Telephoning for help**

Call the Sedbergh School Medical Centre on **01539 718164** 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.

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

- |                      |                       |
|----------------------|-----------------------|
| • Common Room        | • Main School Office  |
| • Chemistry Block    | • All Boarding Houses |
| • Biology Department | • Queen’s Hall        |
| • Buskholme Pavilion | • Bursary             |
| • Swimming Pool      | • Each minibus        |

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

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

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

### **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.
- Administer a second Epipen 5-15 minutes later if symptoms not settling.

Epipens are located in –

#### **Senior School**

- Medical Centre
- Duty nurse
- Queen's Hall
- Common Room

#### **Prep School**

- Medical room
- Kitchen

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.

Emergency asthma kits are located in the medical centre and all boarding houses.

## **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.

### **Hypoglycaemia (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 four 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 at October 2021**

	<b><u>Expiry Date</u></b>	
Dee Adamson	May 2022	School Counsellor
Rachel Adamson	March 2024	Prep School (paediatric first aider)
Luke Allwood	March 2022	Bursary
Jordan Annett	October 2024	PE
Mark Appleton	May 2023	Physics
Victoria Austin	February 2024	Prep School
Chris Baden	November 2022	Driver
Deborah Baines	March 2024	Prep School (paediatric first aider)
Nick Beaumont	May 2022	Catering Manager
Kirsten Bentley	May 2024	SSDL
Laura Bolton	November 2021	Art



Rupert Bunday	October 2022	Prep School
Jack Butterworth	November 2021	Driver
Nicola Cann	October 2022	Chemistry
Miranda Campbell	June 2022	Prep School
Alison Cartwright	May 2023	School House
Richard Caunt	May 2024	Volunteer
Claire Chatterley	February 2024	Prep School
Mike Chatterley	February 2024	Prep School
Hayley Christy	March 2022	EAL/Robertson
Cathy Clark	May 2023	Carus
Ben Close	May 2022	Bursary
Ben Collins	October 2022	OS Club
Peter Coke	October 2024	PE/School House
Mel Corrigan	October 2022	Learning Support
James Coulton	October 2024	Rugby
Rebekah Dallas	February 2024	Prep School
Nick Davey	October 2024	PE/Hockey
Ronan Davis	March 2024	History
Jason Duffy	November 2022	SSDL
David Fawcett	November 2022	Cleaning
Theresa Fleuchar	May 2024	Winder
Kath Follett	November 2021	Prep School
Rupert Follett	November 2021	History
Matt Foxwell	March 2024	Prep School (paediatric first aider)
Sam Frank	November 2022	Grounds
Nick Goligher	February 2024	Prep School
Richard Gorst	June 2022	Prep School
Sarah-Charlotte Hale	October 2024	Robertson
Jane Hayward	March 2022	Powell
Erin Higginson	February 2024	Prep School
Rebecca Holmes	March 2024	Physics
Lindsay Hoskin	February 2024	Prep School
Phil Hoskin	June 2022	Prep School
Alistair Hurst	November 2022	Biology/Winder
Abi Kennedy	March 2022	Art
Ellie Kerr	May 2024	Prep School
Peter Klizsat	November 2022	Maintenance
Monika Kinder	May 2022	AHSM
Jaclyn Leach	March 2024	PE/Carus
Elaine Lewis	October 2022	Agric & Learning Support
Iwan Lewis	May 2024	Mathematics
Chris Mahon	October 2024	PE/Winder
Olivia Marsh	February 2024	Prep School
Angela Mason	March 2024	Prep School (paediatric first aider)
Margie McVoy	November 2021	Bursary/Hart
Nicky Millington	May 2024	SSDL
Nicole Malloy	October 2024	Carus/Business Studies

James Morgan	March 2022	Geography & History
Maggi Morris	May 2023	Driver
Simon Mulholland	October 2024	Rugby/Evans
Liz Newman	February 2024	Prep School
Will Newman	February 2024	Prep School
Peter Noke	May 2022	Music
Rosie O'Neill	May 2023	Prep School
Susan Perkin	March 2024	Prep School
Howard Pimblett	May 2024	Biology
Philippa Prall	November 2021	History
Julia Rollings	June 2022	Prep School
Helen Rowland	March 2024	Geography
Will Scarr	May 2024	Design
Donna Smith	March 2024	Estates
Jake Stead	July 2022	Prep School
Kirsty Stock	March 2024	Prep School (paediatric first aider)
Gemma Suttle	May 2024	Library
Maxine Sweeting	May 2022	Music
Alan Toward	October 2024	PE/Hart
Jane Tulloch	October 2022	Relief AHSM
Sam Twyford	March 2022	Sedgwick
Charles Vereker	February 2024	Prep School
Sam Walker	October 2024	PE
Millie Westall	November 2021	Chemistry/Lupton
Emma Willoughby	March 2024	Prep School (paediatric first aider)
Neville Woodfine	November 2022	Driver
Flor Zappulla	October 2024	Hockey

**Pre Hospital Immediate Care in Sport (RFU)**

Justine Mahon (Nurse Manager) Level 3  
 Nils Kilgren (Physiotherapist) Level 2  
 Roz Helstrip (School Nurse) Level 2

**Lifesaving Certificates as at August 2021**

<b>NAME</b>	<b>DATE OF EXPIRY</b>
Victoria Austin	01/03/23
Rupert Bunday	19/10/21
Miranda Campbell	01/03/23
Hayley Christy	17/04/23
Peter Coke	19/10/21
Rose Collett	19/10/21
Ronan Davies	17/04/23

Kath Follett	01/03/23
Matt Foxwell	01/03/23
Nick Goligher	01/03/23
Richard Gorst	01/03/23
Tracey Gunning	17/04/23
Jane Hurst	17/04/23
Jaclyn Leach	17/04/23
James Lister	17/04/23
Ellen Morgan	17/04/23
Simon Mulholland	17/04/23
Rosie O'Neill	01/03/23
Stuart Oliver	19/10/21
Tom Robinson	19/10/21
Julia Rollings	01/03/23
Helen Rowland	17/04/23
Danny Seddon-Roberts	17/04/23
David Smith	19/10/21
Martin Speight	19/10/21
Jake Steade	01/07/22
Alan Toward	17/04/23
Charles Vereker	01/03/23
Iain Winterbottom	17/04/23

Appendix

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

Updated: October 2021  
Next Review: August 2022

Justine Mahon  
Nurse Manager

## **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.