



SEDBERGH SCHOOL & SEDBERGH PREPARATORY SCHOOL, CASTERTON

First Aid Policy	
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Sedbergh School and Sedbergh Prep School aim to provide an outstanding education for pupils 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. First Aid Training (Emergency First Aid at Work) is offered to all staff across the year.

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 the correct order of priority
- Report the accident and fill in appropriate documentation

Telephoning for help

Call the Duty nurse on **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. Use What 3 Words if possible.
- A description 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 | • Malim Lodge |
| • Swimming Pool | • Each minibus |
| • The Hirst Centre | |

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

- **Check safety:** Ensure the area is safe for you and the casualty.
- **Check response:** Tap the casualty and shout to see if they respond.
- **Shout for help:** Call out for nearby assistance immediately if they are unresponsive.
- **Position the casualty:** Gently turn them onto their back.

- **Open the airway:** Tilt the head back and lift the chin.
- **Check breathing:** Look and listen for normal chest movements.
- **Start CPR:** If breathing is absent or abnormal, begin chest compressions immediately.
- **Give 30 compressions:** Push hard and fast in the centre of the chest.
- **Give 2 rescue breaths:** Provide two breaths after every 30 compressions.
- **Compression-only option:** If unable or unwilling to give breaths, deliver continuous chest compressions.
- **Continue CPR:** Do not stop until professional medical help arrives. [How to do CPR | Resuscitation Council UK](#)

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.
- A second Epipen may be administered 5-15 minutes later if symptoms are not settling; this should be administered to the opposite leg by a health care professional or under the guidance of 999 operator.

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 an inhaler. The majority of these acts 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 and assist as needed.

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 recovery 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 999 and the Duty Nurse mobile 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 the legs
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 5.30pm 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 AHSM or Nurse on duty. If the collision involves more than one child, all the children involved need to be seen and assessed.

The AHSM/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 all concussion injuries must follow the 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.

Appendix

[How to do CPR | Resuscitation Council UK](#)

Justine Mahon
Nurse Manager

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Next Review: June 2027

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.