



REIGATE GRAMMAR SCHOOL

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## First Aid Policy

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<b>Policy Author:</b>	Sarah Arthur, Deputy Head
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## First Aid Co-ordinator: Jane Tyson

Reigate Grammar School endeavours to provide a secure environment for pupils, employees and visitors to the school. The school undertakes to promote good Health and Safety procedures commensurate with modern practice and advice within the context of a school and activities where there will be necessarily an element of risk.

### First Aid is defined as:

*“treatment for the purpose of preserving life and minimising the consequences of injury or illness until appropriate help is obtained and the treatment of minor injuries that require limited intervention”.*

The first aid arrangements of the school are provided in accordance with the requirements of the Health and Safety (first aid) Regulations 1981 (updated 2018)<sup>1</sup>

First aid and medical provision is made according to an assessment of the risk of each situation (classroom, playing fields, extra-curricular activities, trips, science laboratories etc.) and will be reviewed and altered as far as is reasonably possible according to changes in information and the medical needs of pupils and employees.

In all instances of illness or accident, attempts will be made to contact next-of-kin, but if it is deemed that emergency action is required, the school undertakes to refer the patient to the appropriate medical professionals without prior consent.

## First Aid Provision

Any pupil requiring first aid should be sent or taken to the school office to be assessed by a qualified first aider. The medical room is fully equipped for all first aid needs. If a child is taken ill on the top site there are first aiders who should be contacted in the first instance, before calling one of the primary first aiders when necessary. All medical/first aid incidents are recorded on an electronic form in the office and collated on EVOLVE Accident Book. In the case of any accident requiring first aid, a member of staff who deals with the situation in the first instance should liaise with the first aid co-ordinator to ensure an Accident Report form is completed if required. Accident Report forms should also be completed for any injuries occurring at Hartswood, or at any fixture, at home or away. When an accident has occurred, parents will be contacted by a member of staff as appropriate (usually one of the primary first aiders based in the school office). If a member of staff is in any doubt about the extent of an injury or illness, an ambulance should be called by the first aider responding to the incident.

## Training

Each of the school office staff has undertaken a three-day First Aid at Work course and they are able to deal with minor incidents and provide emergency first aid. Staff are re-trained every three years to update their certificates. Other members of staff are first aid trained appropriate to the qualifications required for the activity or area of the school for which they are responsible. There is a part-time school nurse, based in the office, who is able to offer care, within the limitations of the school facilities. When students are on site, there should be at least one qualified member of staff on each school site. A list of qualified first aiders is maintained by the school office and can be requested from them. This list is displayed in key locations, including staff offices, throughout the school.

If necessary, individual treatment and emergency plans will be developed in conjunction with parents and medical professionals, for pupils with a particular illness i.e. diabetes, epilepsy, severe asthma. Information will be shared with staff where there is a medical need.

First aiders are not qualified paramedics or nurses and the school's facilities are only set out to enable first aid provision. Therefore, all serious incidents will be referred to the Ambulance Service or pupils will be directed to obtain further treatment, at hospital or through their GP. In almost all cases a parent or guardian will be contacted to collect the pupil and accompany them to obtain further care. In exceptional

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<sup>1</sup> <http://www.hse.gov.uk/pubns/priced/l74.pdf>

circumstances, if a parent or guardian cannot be contacted, a member of staff may accompany a child to hospital to obtain emergency treatment. A member of staff cannot give consent for an operation, if required.

## First Aid Equipment

First aid boxes are maintained and reviewed by the school's first aid co-ordinator and more extensive equipment is located in the medical room. There are five defibrillators at RGS. These are located:

- outside the main school office/porters' office
- Harrison Centre (lobby)
- in the front entrance of the Ballance Building
- in the swimming pool area (in the office)
- in the Pavilion at Hartswood.

Sufficient numbers of first aid boxes will be provided at specific locations throughout the school premises. It will be the responsibility of the first aid co-ordinator to ensure that only those items allowed under the first aid regulations are kept in each box, that the supplies in the first aid Box are in date and that they are maintained to minimum stock levels.

## Location of First Aid boxes

Main Site	Top Site/Hartswood
<ul style="list-style-type: none"><li>• Art Department (office)</li><li>• DT Department (office)</li><li>• Fitness Suite (desk drawer)</li><li>• Food &amp; Nutrition Room</li><li>• Medical Room (in left hand room)</li><li>• Porters' Desk</li><li>• Print Room</li><li>• School Office (located inside cupboard with student medication)</li><li>• Swimming Pool</li><li>• Wright Gallery (kitchen cupboard)</li></ul>	<ul style="list-style-type: none"><li>• All science prep. rooms</li><li>• Broadfield House (IT Office)</li><li>• Cornwallis (kitchen cupboard)</li><li>• Dining Hall (on the wall in the kitchen)</li><li>• Harrison Centre (kitchenette)</li><li>• Music (Music Managers' Office)</li><li>• On minibuses</li><li>• Science Laboratories</li></ul> <p><b>Hartswood</b></p> <ul style="list-style-type: none"><li>• First Aid Room</li></ul>

## School Trips and Activities Off Site

Those taking trips and activities undertake a thorough risk assessment and are equipped with a first aid kit and a mobile phone in case of emergency. Staff have emergency contact numbers and pupils are briefed thoroughly and given emergency contact instructions for any unsupervised time.

Activities which are deemed to be dangerous (sea swimming for example) are not allowed without prior parental consent or the presence of a qualified instructor. With the exception of Duke of Edinburgh Award hikes, where pupils are required to be unsupervised for large parts of the day, all potentially hazardous activities are done through fully accredited organisations with qualified instruction or delivered by RGS staff with appropriate qualifications, including a relevant and current first aid qualification.

It is a legal requirement for all tour companies to provide a copy of their key safety management documentation including risk assessments and method statements. The school must be satisfied with the quality of all the documented safety management plans (including in relation to first aid) before the trip commences.

## Activities on site

On site activities may be managed by RGS staff or third parties. If third parties deliver an activity, they may be required to provide their own first aid cover for the participating pupils, or alternatively first aid cover for RGS staff and pupils may be provided through our normal first aid arrangements. Whether RGS or the third party is providing first aid cover, this should be established on a case-by-case basis as part of the risk

assessment and agreed with the First Aid Co-ordinator and/or Health and Safety Manager, who will consider the availability of staff and nature of the activity. We would expect third parties to always provide first aid cover to their own staff.

## Medical Provision

Basic medical attention for minor ailments is given in the medical room, which is supervised by the School Nurse or a member of the office staff. The office staff are qualified first aiders but are not nurses. More serious ailments and injuries will be referred to a medical professional or the Ambulance Service. On occasions when parents cannot be contacted, one of the office staff will accompany a pupil to hospital and stay with the pupil until a parent arrives.

In instances where teachers become concerned about the health of a pupil, the parents or guardian will be contacted, for example, if a child has had a bump to the head.

## Emotional and Mental Health

Students who are experiencing challenges with their emotional or mental health also report to the school office in the first instance. They may then be referred to *The Snug* for some time-out and a member of the pastoral team will be contacted to offer support. We have a part time school counsellor and a full time chaplain on site and the School Nurse can also offer support.

We work with a range of agencies and in partnership with parents to help support the emotional and mental health of our students. We encourage parents to be open with us if they feel that their child is experiencing a period of emotional ill-health.

## Medical Information

The school will keep medical information about particular pupils and will ensure that all members of staff responsible for the pupil at any given time are made aware of his or her medical requirements. Forms requesting medical information and changes to existing information are sent out at the beginning of the academic year; separate forms are required for residential trips and outdoor education. The use and storage of all medical information is practiced in line with GDPR regulations.

On all trips, members of staff are required to check the medical requirements of all those attending the trip and to carry the information with them.

It is the responsibility of parents to keep the school informed and updated of any changes to the health and medical requirements of their children in writing. This responsibility is communicated through the annual data update form, which specifically asks for updates to medical/mental health information. The school cannot be responsible for any shortcomings in medical provision if this information is not forthcoming. Correspondence enclosing the annual data update sheet is issued to all parents for this purpose.

## Administration of Medicines

Pupils who are required to have medicine about their person, such as insulin, epipens, jext pens, or asthma inhalers, should be instructed in its administration by a medical professional. Please see **Appendix One (Anaphylaxis)** and **Appendix Two (Asthma)** for further information. The school office will keep spare medication in case of emergency if requested. The school has a number of generic adrenaline auto-injectors and reliever (salbutamol) inhalers, which can be administered, in an emergency, to pupils and staff who have a prescription for the same type of medication. A list of where these medications are stored is included in the appendices. Lists of pupils prescribed reliever inhalers and adrenaline auto-injectors are displayed in staff offices.

For pupils under the age of 16, all other medication, including over-the-counter medication, should be handed into the office for safe-keeping and administration in the medical room. It is the responsibility of the parents to ensure that children take their morning medication and to ensure that pupils with insulin, epipens etc. have the medication with them when they leave for school. All other medicines should be carried to school by a parent or adult, not the pupil. Parents/guardians must sign written consent for the school office team to administer medicine(s).

The school will administer paracetamol or other painkillers only if permission has been granted by a parent.

It is the responsibility of the parents to provide the school with medication for remedial pain relief for a regular medical condition such as menstrual pain or anti-inflammatories for sporting injuries.

On all trips, it is the responsibility of parents to liaise with the trip leader with regard to the administration of any medication. It is the right of any member of staff to decline the administration of any medication.

## Infectious diseases

In order to prevent the spread of infectious diseases, parents are asked not to send their child to school if they have, or may have, any condition which may be spread within a school environment. The Health Protection Agency website ([www.hpa.org.uk](http://www.hpa.org.uk)) sets out recommended periods of absence from school in the event of infection and/or illness. It is in the best interests of the whole school community that these guidelines are followed. If in doubt as to whether a child should be sent to school, parents are asked to telephone the school office. If a student has an infectious disease, staff will be notified via email.

In the case of Covid-19, the school regularly monitors the guidance from [NHS.gov.uk](http://NHS.gov.uk) and Public Health England to ensure all information and control measures reflect current good practice. We promote regular, self-administered, asymptomatic testing using lateral flow tests (LFTs), a cautious approach to reducing transmission by remaining off school if symptomatic and obtaining PCR tests, and implement a wide range of hygiene and ventilation protocols in school. All considerations and control measures are recorded in the whole school Covid-19 risk assessment and supporting documents. The HR Manager works with vulnerable staff, including expectant mothers to complete individual risk assessments and implement further control measures, if required.

If there is an infectious disease present within the school that would affect the health of an expectant mother or their unborn child, or a staff member or pupil with a compromised immune system, the Senior Leadership team would email the HR Manager who would make known expectant mothers aware of the infectious disease so that appropriate action can be taken.

## Accident Reporting

Every accident/incident in a school building, on school grounds, or during school outside activities must be reported and recorded via the School office team who will inform members of the Senior Leadership team as necessary.

The person involved, witnessing or attending the accident/incident must record the specific details with the School office team on the day of the accident/incident, or at the latest by the following day. RIDDOR reportable events are communicated to members of the Senior Management as necessary.

Accident statistics are collated by the first aid Coordinator and reported, and trends analysed at the Health and Safety Committee every term. Any consequential decisions to change health and safety procedures are made at the Committee meeting or by relevant members of Senior Leadership team.

## Report Major Injuries and Conditions

Some incidents that happen in schools, or during education activities out of school, must be reported to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). These Regulations require employers and other people to report accidents and some diseases that arise out of or in connection with work. This information sheet gives practical advice to schools on what they need to report and how to do it.

## Who should report?

The duty to notify and report rests with the responsible person. This may be the employer of the injured person; a self-employed person; or someone in control of the premises where work is carried out. See the HSE website (<http://www.hse.gov.uk/services/education>) for more information on who the employer is in different types of schools.

## What needs to be reported?

Under RIDDOR you must report the following work-related accidents, including those resulting from physical violence, if they injure either your employees, or self-employed people working on your premises:

- accidents which result in death or major injury must be reported immediately (see *Reportable Major Injuries* below);
- accidents which prevent the injured person from continuing at his/her normal work for more than seven days must be reported within fifteen consecutive days.
- general reportable incidents should be notified within ten days.

You must also report, in writing, any cases of work-related ill health affecting your employees that a doctor notifies you about (see *Reportable Diseases* below).

Dangerous occurrences are specified events which may not result in a reportable injury but have the potential to do significant harm. A full list is given in *A Guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013* (see 'Useful HSE publications' for details).

**Reportable Major Injuries** include:

- fracture other than to fingers, thumbs or toes;
- any amputation;
- dislocation of the shoulder, hip, knee or spine;
- loss of sight (temporary or permanent);
- a chemical or hot metal burn to the eye or any penetrating injury to the eye;
- any injury resulting from an electric shock or electrical burn (including any electrical burn caused by arcing or arcing products) leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours.

any other injury leading to:

- hypothermia, heat-induced illness or unconsciousness;
- resuscitation or requiring admittance to hospital for more than 24 hours;
- loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent;
- either of the following conditions which result from the absorption of any substance by inhalation, ingestion or through the skin;
- acute illness requiring medical treatment; or loss of consciousness;
- acute illness which requires medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.

**Reportable Diseases** include:

- certain poisonings;
- some skin diseases such as occupational dermatitis, skin cancer, chrome ulcer, oil folliculitis/acne;
- lung diseases including occupational asthma, farmer's lung, pneumoconiosis, asbestosis, Mesothelioma;
- infections such leptospirosis, hepatitis, tuberculosis, anthrax, legionellosis and tetanus;
- other conditions such as occupational cancer, certain musculoskeletal disorders, decompression illness and hand-arm vibration syndrome.

## Who do I report to?

All accidents, diseases and dangerous occurrences may be reported to the Incident Contact Centre (ICC). The ICC is a single point of contact for receiving all RIDDOR reportable incidents in the UK. You may report incidents by any of the following routes:

- Telephone: **0345 300 9923**
- Online: [www.hse.gov.uk/riddor/report](http://www.hse.gov.uk/riddor/report)

## What about pupils and other people who are not at work?

You need to report an accident that happens to someone who is not at work, e.g. a pupil or visitor, if:

- the person involved is killed or taken to hospital; and
- the accident arises out of or in connection with the work activity.

As with fatal and major injuries to employees, you must notify these accidents by following the procedures given above.

## How do I decide whether an accident 'arises out of or is in connection with work'?

An accident will be reportable if it is attributable to:

- work organisation (e.g. the supervision of a field trip);
- plant or substances (e.g. lifts, machinery, experiments etc.);
- the condition of the premises.

## What about sports activities?

Accidents and incidents that happen in relation to curriculum sports activities and result in pupils being killed or taken to hospital for treatment are reportable.

## Playground accidents

Playground accidents due to collisions, slips, trips and falls are not normally reportable unless they happen out of work or in connection with work, e.g. because of:

- the condition of the premises or equipment;
- inadequate supervision.

## What records must I keep?

You must keep a record of any reportable death, injury, disease or dangerous occurrence for three years after the date on which it happened. This must include the date and method of reporting; the date, time and place of the event; personal details or those involved; and a brief description of the nature of the injury, event or disease.

## Where may I find out more?

You may find full details of accident-reporting requirements in A guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 and RIDDOR explained: Reporting of Injuries, Diseases and Dangerous Occurrences Regulations. See also website <http://www.riddor.gov.uk>.

## Procedures for dealing with the spillage of bodily fluids

First aiders should wear gloves when dealing with cuts etc. and waste should be disposed of in the appropriate bin. In the case of sickness, the cleaning supervisor should be informed immediately. The area should be cordoned off as much as possible until it can be cleaned. When a student is feeling sick and goes to the medical room, they should be given a disposable bowl. Hand sanitiser should be used frequently to avoid cross-contamination.

## Vaccinations

Currently students in the Second Form receive the Human Papillomavirus (HPV) vaccine and those in the Third Form receive the final school booster (FSB) (diphtheria, tetanus and polio) and Meningococcal ACWY vaccinations. Additional vaccinations may be offered if advised by Public Health England or Surrey NHS, for example for flu and Covid-19. These are administered by First Community Health Care on behalf of Surrey NHS, using the school as a venue. Consent forms are requested, but nurses will administer vaccinations on the day by telephoning for verbal consent if written consent has not been received.

Parents are advised to consult with their own doctors concerning appropriate vaccinations for their children, including those which may be required for overseas trips organised by the school.



## Informing the School of illness

The school should be informed in writing via email to [absence@reigategrammar.org](mailto:absence@reigategrammar.org) and to the pupil's form tutor, of any absence from school as a result of an illness.

If a pupil needs time away from school for a medical appointment (or any other reason) then they must complete the Absence Request Form which should be emailed to [absence@reigategrammar.org](mailto:absence@reigategrammar.org).

## Medical Advice

The school employs a nurse, Nicola Harvey, who assists with first aid provision from the school office and offers drop-ins and one-to-one appointments for students. Her role includes advice to staff and she also runs some of the school's PSHEE.

## Appendix One: Anaphylaxis

### What is Anaphylaxis?

Anaphylaxis is a severe life threatening allergic reaction. The whole body is affected usually within minutes of exposure to the allergen. It may take seconds or several hours.

### Definition of Anaphylaxis

Anaphylaxis involves one or both of two features:

- Respiratory difficulty (swelling of the airway or asthma)
- Hypotension (fainting, collapse or unconsciousness)

### What are the symptoms?

- Swelling of the mouth or throat
- Difficulty in swallowing or speaking
- Alterations in the heart rate
- Hives (a raised, itchy rash that appears on the skin) anywhere on the body
- Abdominal cramps and nausea
- Sudden feeling of weakness
- Difficulty breathing
- Collapse and unconsciousness

**Nobody would necessarily experience all of these symptoms.**

### Common Causes of Anaphylaxis

- Peanuts
- Wasp
- Tree nuts
- Bee
- Milk
- Latex
- Egg
- Penicillin
- Sesame
- Blood products
- Fish
- Drugs
- Shellfish
- Kiwi

### Treatment

Parents of a pupil at risk from life-threatening allergies should make RGS aware and ensure that the pupil carries spare medication with them. Parents should also provide the school with spare, clearly labelled medication.

In accordance with the Human Medicines (Amendment) Regulations 2017, which allows schools to purchase spare back-up adrenaline auto-injectors for the emergency treatment of anaphylaxis, the school has spare Epipens (0.3 mg) for use in an emergency situation. Parents will be asked to give consent for these to be used in the event of a medical emergency and in the event of their own child's medication not being available.

### Emergency

The following is the procedure to be followed for the management of an emergency.

- Remain calm.
- Sit or lie the individual down.
- Administer prescribed Adrenaline pen if there are symptoms described above. Do not wait for assistance to arrive. **Note the time of administration.**
- Call **999** regardless of degree of reaction or response to adrenaline. The individual must go to hospital. **State clearly to Ambulance Control that the person is having an anaphylactic reaction.**
- If the individual deteriorates lay them down and raise their legs. If they progress into unconsciousness place in semi-prone position. **Never** stand an individual up. Individuals have been known to collapse and die when stood up after an incident of anaphylaxis.
- Give second Adrenaline pen after 10-15minutes if symptoms worsen. **Note the time.** Inform ambulance personnel of times of drug administration – ensure they record it.

## Identification of Children at Risk

Adults must listen to the concerns of an anaphylactic pupil. Children usually know when they are having a reaction, even before signs manifest.

- It is the responsibility of the anaphylactic/potentially anaphylactic pupil's parent to inform RGS of their child's allergy.
- All staff are to be made aware of the identity of these pupils. Photograph lists will be available to all departments.
- The parents of the pupils who are no longer allergic or no longer require an Adrenaline pen or other medication must make this school aware with an accompanying letter of explanation from their doctor.

## Availability and Location of Adrenaline pens

- Anaphylactic or potentially anaphylactic persons who have been prescribed use of an adrenaline pen must carry at least one adrenaline pen with them at all times and have a backup adrenaline pen in the school office. It is the parents' responsibility to ensure this happens in respect of their children.
- Adrenaline pens must be taken on trips and the risks specially assessed. In particular, means of communication must be established in the event of an anaphylactic attack.
- Adrenaline pens stored on school premises will be checked periodically by the school office to ensure they are within their expiry date. It is the duty of the parents to make a note of the expiry date of their child's adrenaline pens and ensure both pens are always in date. Replacements should be sent into the School office prior to the expiry date.
- Adrenaline Auto-Injectors (AIs) are held in the following places around the School for emergency use only on pupils that have already been prescribed an Adrenaline pen and whose parents have consented to their use. **Their locations are listed in Appendix 5.**

**If you are worried at any time, call 999 and request an ambulance urgently**

**Inform the parents as soon as possible**

**Individual care plans are kept in the school office**

## Appendix Two: 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 inflames and starts to swell. Sometimes sticky mucous or phlegm builds up, which may further narrow the airways. This makes it very difficult to breathe and leads to symptoms of asthma.

Reigate Grammar School recognizes that asthma is a widespread, serious but controllable condition affecting many pupils at the School. The School welcomes all pupils with asthma and believes pupils will be able to achieve their full potential in all aspects of school life.

### Key points

- All pupils must carry their own inhalers.
- The school will store spare inhalers provided from home for individual pupils in a labelled container in the School office as required.
- In addition, in accordance with the Human Medicines (Amendment) (No 2) Regulations 2014, the school has also purchased salbutamol inhalers for the emergency treatment of an asthma attack in a pupil diagnosed with asthma and who has been prescribed an inhaler. **Their locations are listed in Appendix 5.**
- Pupils will be encouraged to understand the condition so that they can support each other.
- A list of pupils with asthma is made available to school staff.

### Recognising Asthma

- The airways in the lungs become restricted.
- The pupil will have difficulty speaking.
- The pupil may wheeze and have difficulty breathing out.
- The pupil may become quickly distressed, anxious and exhausted. They may appear blue around the lips and mouth.

### Procedure for an asthma attack

- Stay calm and reassure the pupil.
- Ensure the pupil sits upright and slightly forward with their hands on their knees.
- Loosen any tight clothing.
- Encourage slow deep breaths with an open chest.
- Ensure that the reliever (blue inhaler) is taken and call the school office or nearest first aider.
- The pupil should take two puffs of his blue inhaler and if he does not start to feel better he should proceed to take two more puffs of his inhaler every two minutes, taking up to ten puffs.
- If the pupil still does not feel better after taking his inhaler as above, or exhibits any of the following symptoms:
  - **The pupil is unable to talk or increasingly distressed**
  - **The pupil is disorientated or collapses**
  - **The pupil looks blue around the mouth and lips**
- If you are worried at any time call **999** and request an ambulance urgently.
- If an ambulance does not arrive within 15 minutes, repeat the blue inhaler procedure outlined above while you wait.
- Inform the parents as soon as possible about the attack.

### Note

Minor attacks should not interrupt the pupil's involvement in the school day and they should be able to return to normal activities as soon as possible. However, each individual instance must be assessed according to the severity of the attack and the emotional reaction of the pupil to the attack.

### Emergency

In the event of an emergency and staff being unable to locate your son or daughter's prescribed medication, the school first aiders (on the advice of the emergency services), will administer the school's Epipen and/or

Inhaler as necessary. Parents have been requested to advise the school office immediately if there is any reason why consent is not granted for generic devices to be used.

**If you are worried at any time, call 999 and request an ambulance urgently**

**Inform the parents as soon as possible.**

**Individual care plans are kept in the school office**

## Appendix Three: Diabetes

### Key points

If you suspect someone is experiencing a diabetic emergency, check against the signs listed below to decide if their blood sugar is too high or too low.

### Typical Signs:

- **High Blood Sugar** (hyperglycaemia)
  - Warm, dry skin.
  - Rapid pulse and rapid breathing.
  - Fruity breath & severe thirst.
  - Drowsiness leading to unresponsiveness if not treated.
- **Low Blood Sugar** (hypoglycaemia)
  - Weakness, faintness or hunger.
  - Confusion and irrational behaviour.
  - Sweating with cold, clammy skin.
  - Rapid pulse, trembling and deteriorating level of response.

### Emergency Action:

- **High blood sugar** (hyperglycaemia)
  - **Call 999** for medical help and say that you suspect hyperglycaemia.
  - While you wait for help to arrive, keep checking their breathing, pulse and level of response.
  - If they lose responsiveness at any point, open their airway, check their breathing and prepare to treat someone who has become unresponsive.
- **Low blood sugar** (hypoglycaemia)
  - Help them sit down. If they have their own glucose gel help them to take it, if not, you need to give them something sugary like fruit juice, a non-diet fizzy drink, two teaspoons of sugar, or sugary sweets.
  - If they improve quickly, give them some more sugary food or drink and let them rest. If they have their glucose testing kit with them, help them use it to check their glucose level. Stay with them until they feel completely better.
  - If they do not improve quickly, call 999 for medical help.
  - If you are not sure whether someone has high or low blood sugar, give them something sugary anyway, as this will quickly relieve low blood sugar and is unlikely to do harm in cases of high blood sugar.

**If you are worried at any time, call 999 and request an ambulance urgently**

**Inform the parents as soon as possible.**

**Individual care plans are kept in the school office**

## Appendix Four: Epilepsy

**If you think someone is having a seizure, there are six key things to look for:**

- Sudden loss of responsiveness.
- Rigid body with an arching back.
- Noisy difficult breathing.
- Convulsions (jerky uncontrolled movements).
- Loss of bladder and bowel control.
- Afterwards they may be confused, tired and fall into a deep sleep.

**Steps to follow if you suspect someone is having a seizure:**

- Stay calm!
- Look around – is the person in a dangerous place? If not, do not move them. Move objects like furniture away from them.
- Note the time the seizure starts and how long it lasts.
- Stay with them. If they don't collapse but seem blank or confused, gently guide them away from any danger. Speak quietly and calmly.
- Cushion their head with something soft if they have collapsed to the ground.
- Don't restrain them.
- Don't put anything in their mouth.
- Check the time again.
- If a convulsive (shaking) seizure doesn't stop after five (5) minutes, call for an ambulance.
- After the seizure has stopped, put them into the recovery position and check that their breathing returns to normal. Gently check their mouth to see that nothing is blocking their airway such as food. If their breathing sounds difficult after the seizure has stopped, call for an ambulance.
- Stay with them until they are fully recovered. If they are injured, or they have another seizure without recovering fully from the first seizure, call for an ambulance.
- If they stop breathing at any point, prepare to treat someone who is unresponsive and not breathing.

**If you are worried at any time, call 999 and request an ambulance urgently**

**Inform the parents as soon as possible.**

**Individual care plans are kept in the school office**

## Appendix Five: Location of first aid boxes, AEDs, spare Epipens and inhalers

### First Aid Equipment

first aid boxes are maintained and reviewed by the School Nurse/first aid Co-ordinator and more extensive equipment is located in the Medical Room.

Sufficient numbers of first aid boxes will be provided at specific locations throughout the school premises. It will be the responsibility of the first aid Co-ordinator to ensure that only those items allowed under the first aid Regulations are kept in each box and that they maintained to minimum stock levels.

### Location of first aid boxes

<ul style="list-style-type: none"><li>• <b>The School Office</b> (located inside cupboard with student medication)</li></ul>	<ul style="list-style-type: none"><li>• <b>The Art Department</b> (office)</li></ul>
<ul style="list-style-type: none"><li>• <b>The Medical Room</b> (in left hand room)</li></ul>	<ul style="list-style-type: none"><li>• <b>All Science Prep. Rooms</b></li></ul>
<ul style="list-style-type: none"><li>• <b>Cornwallis</b> (kitchen cupboard)</li></ul>	<ul style="list-style-type: none"><li>• <b>On Minibuses</b></li></ul>
<ul style="list-style-type: none"><li>• <b>In the Science Laboratories</b></li></ul>	<ul style="list-style-type: none"><li>• <b>Wright Gallery</b> (Kitchen cupboard)</li></ul>
<ul style="list-style-type: none"><li>• <b>In the Dining Hall</b> (on the wall in the kitchen)</li></ul>	<ul style="list-style-type: none"><li>• <b>Porters' Desk</b></li></ul>
<ul style="list-style-type: none"><li>• <b>Hartswood</b> (in the first aid Room)</li></ul>	<ul style="list-style-type: none"><li>• <b>The DT Department</b> (office)</li></ul>
<ul style="list-style-type: none"><li>• <b>Sixth Form Centre</b> (kitchenette)</li></ul>	<ul style="list-style-type: none"><li>• <b>Food Technology Room</b></li></ul>
<ul style="list-style-type: none"><li>• <b>Fitness Suite</b> (desk drawer)</li></ul>	<ul style="list-style-type: none"><li>• <b>Swimming Pool</b></li></ul>
<ul style="list-style-type: none"><li>• <b>Music</b> (staff room)</li></ul>	<ul style="list-style-type: none"><li>• <b>Broadfield House</b> (lower floor)</li></ul>

### Location Automated External Defibrillators (AEDs)

There are five **Automated External Defibrillators (AEDs)** at RGS, which can be used in an emergency by any staff trained to do so. They are stored securely in the following locations:

1. **Behind the Porters' Desk** (by School office)
2. **Entrance to Ballance Building** (off PMH/coach park side)
3. **Swimming Pool**
4. **Harrison Centre** (Coach Park Side/south entrance/exit ground floor)
5. **Hartswood Pavilion** – (Medical Room – ground floor)



Location of generic adrenaline auto-injectors and reliever inhalers

<b>Ballance Building</b>	Science Staffroom
<b>Ballance Building</b>	Science Technicians' Office – Ground Floor
<b>Ballance Building</b>	Marquee
<b>Ballance Building</b>	Studio Café
<b>Broadfield</b>	CCF office
<b>Cornwallis</b>	Kitchenette
<b>Food and Nutrition Department</b>	Room 25
<b>Harrison Centre</b>	Kitchenette
<b>Hartswood Pavilion</b>	Kitchenette
<b>Hartswood Tea Hut</b>	Tea Pavilion
<b>Music School</b>	Music School Manager's office
<b>PMH Dining Hall</b>	Fixed cabinet on the wall outside Catering Manager's office
<b>School Office</b>	Fixed cabinet on the wall opposite gents' toilet