



GUILDFORD HIGH SCHOOL

9-1 FIRST AID

STATEMENT

Guildford High School is committed to providing comprehensive first aid care for all staff and students, both on school premises and during off-site activities. This commitment includes:

- Ensuring a sufficient number of personnel are trained as Appointed Persons and First Aiders, including those trained in paediatric first aid.
- Providing adequate resources and facilities for first aid.
- Complying with Health and Safety Executive (HSE) regulations for reporting accidents, diseases, and occurrences.

This policy applies to all sections of Guildford High School, including the Early Years Foundation Stage (EYFS) setting. The school is committed to implementing this policy by strictly adhering to the procedures outlined in the remainder of this document.

Interested parties, including parents and prospective pupils' parents, can access this document on the school's website. It is essential to read this policy in conjunction with the following related documents:

- Provision of Medical Care Policy
- Pastoral Care and Wellbeing Policy
- Health and Safety Policy
- Supervision Policy
- UL Group First Aid Policy

The School Nurse and the Facilities Manager conduct an annual review of this document, ensuring its alignment with current events and legislation. The next scheduled review date is September 2026.

Guildford High School is fully committed to ensuring that the implementation of this policy remains non-discriminatory, consistent with the provisions of the UK Equality Act (2010). Additional information can be found in the school's Equal Opportunity Policy document.

LEAD STAFF

The School Nurse serves as the principal Appointed Person for First Aid, as outlined in the Provision of Medical Care policy. In the event of the School Nurse's absence, her mobile phone will be left at Reception.

Qualified First Aiders are expected to:

- Respond promptly to calls for assistance
- Provide first aid support within their level of competence
- Summon medical help when necessary
- Accurately record details of treatment provided and promptly inform the School Nurse

All staff are expected to:

- Familiarise themselves with and adhere to the school's First Aid policy and procedures.
- Know how to contact emergency services (999) and locate a first aider, whether on school premises or during off-site activities. They should also be well-versed in all relevant policies within this section.
- Promptly record and report any accidents occurring under their supervision. Notably, all head injuries must be reported either by the School Nurse or by the teacher responsible for a school trip.
- When leading a trip, conduct risk assessments and ensure sufficient first aid provisions in consultation with the Educational Visits Coordinator and the School Nurse (refer to the Educational Visits Policy for further details).

RISK ASSESSMENT

Annually, the school conducts a formal review of its First Aid Policy. Additionally, the Facilities Manager and the School Nurse regularly assess risks. Departments categorized as 'high risk,' such as Science, Design Technology (DT), and Physical Education (PE), also undergo annual risk assessments.

REGARDING FACILITIES

The school medical room, staffed by a Registered Nurse/Health Care Practitioner, is situated in the Wellbeing Hub. It operates from 08:30 to 16:30 during term time on weekdays.

In the Senior School

- Individual care plans are stored in pouches by the Upper Staffroom.
- Pupils requiring an Adrenaline Auto Injector (AAI) and/or asthma inhaler, must always carry two AAI's and/or inhaler (with spot checks during the term).
- Emergency medication can be kept in the Upper Staffroom pouches upon parental request (for serious illnesses e.g., epilepsy).

In the Junior School

- Individual care plans are kept electronically with pupils identified by posters outside the Staffroom.
- AAIs and/or asthma inhalers are kept with the class teacher and accompany students during lunch, sports, and trips.

Generic dose AAIs and asthma inhalers are available in specified locations – Junior reception, Senior reception, Stocks, Sports centre, medical room, and the gym has an inhaler.

FIRST AID KIT LOCATIONS:

First aid boxes, marked with a white cross on a green background, are situated in the following areas:

JUNIOR SCHOOL

Reception

Science Room

Art Room

- Minibuses
- Caretaker's Office
- Gymnasium
- Swimming Pool (for hirers)
- Swimming Pool Office
- portable packs for games staff
- Textiles Room
- Library
- Tech Balcony
- Medical Room
- 2016 Hall Atrium
- Harper House

SENIOR SCHOOL

General Science Prep Room

Physics Prep Room

Chemistry Prep Room

Biology Prep Room

Hepworth Studio (Art)

Knight Studio (Art)

Senior School Hall

Stocks Hall

Senior Staffroom

Kitchen

Food Technology Room

Wolfson Centre (DT)

Morton House

Staff members in need of first aid kits for external trips should seek provisions from the School Nurse.

Defibrillators are kept:

- Senior School wall outside (the code is advertised in Senior School Reception for quick view)
- Sport Centre Reception

CONTENTS OF FIRST AID BOXES:

- Guidance leaflet on first aid
- Assorted plasters
- Sterile eye pads
- Individually wrapped triangular bandages (preferably sterile)
- Safety pins
- Medium sized individually wrapped sterile unmedicated wound dressings
- Large sterile individually wrapped unmedicated wound dressings
- Pairs of disposable gloves
- Antiseptic wipes

MINIBUS FIRST AID KIT LIST:

- Guidance leaflet on first aid - [HSE information is available](#)
- Antiseptic wipes
- 1 conforming disposable bandage (not less than 7.5 cm wide)
- 2 triangular bandages
- Assorted plasters
- 3 large sterile unmedicated ambulance dressings (not less than 15.0 cm × 20.0 cm)
- 2 sterile eye pads, with attachments
- Safety pins
- 1 pair of blunt-ended scissors

SCHOOL TRIP FIRST AID KITS:

- Guidance leaflet on first aid – [HSE information is available](#)
- Adhesive plasters
- 1 large sterile unmedicated dressing
- Triangular bandages individually wrapped and preferably sterile
- Antiseptic wipes
- Pairs of disposable gloves

MEDICAL INCIDENT RESPONSE PROCEDURE

When a staff member encounters a pupil requiring First Aid, they should promptly assess the severity of the situation. The appropriate action will depend on the pupil's needs and the seriousness of the injury. This procedure applies to anyone requiring medical attention on school premises or during school-related activities.

If there is any uncertainty, the person responding to the incident should immediately contact emergency services, as detailed in the section on Emergency Procedures for Major Incidents.

The School Nurse can be reached at extension 207, or on their mobile phone 07917 726 994. The extension will automatically forward to the mobile if the Nurse is not in the medical room to answer the call.

1. Pupil Unwell or Minor Injury:

- If a pupil is unwell or has a minor injury, they should be accompanied by another pupil to see the School Nurse. The Nurse will then take responsibility for the pupil.
- If the incident occurs at the Sports Centre, teachers, the Duty Manager, or Receptionists should assess the situation. They may administer First Aid, contact the School Nurse, or follow emergency procedures.

2. Casualty Needing Hospital Treatment (Non-Emergency):

- Staff should call the School Nurse to assess the casualty or ask another staff member to fetch the Nurse.
- Staff must not transport pupils in their cars unless advised by the School Nurse or a member of the Senior Leadership Team (SLT) and only with another adult present.

3. Immediate First Aid:

- If immediate First Aid is required, trained staff should administer it or send a pupil or staff member to notify the School Nurse.

4. School Nurse Unavailable:

- If the School Nurse is unavailable or handling another incident, staff or pupils should go to Reception. Reception will mobilize a First Aider.
- This procedure also applies after 16:30. Lists of First Aiders are accessible throughout the school and near First Aid boxes. The First Aider will assess the situation and provide First Aid or follow emergency procedures.

5. Record Keeping:

- All visits to the School Nurse are documented in the medical database.
- Junior School parents receive relevant details via email when anything beyond minor treatment is required.
- Head injuries must be reported by the School Nurse or the teacher responsible for a trip.
- Treatment provided by First Aiders and the School Nurse is recorded.

EMERGENCY PROCEDURE FOR MAJOR INCIDENTS

In the event of an emergency or if an 'at-risk' pupil falls ill, the staff member at the incident must:

1. Call 999:

- Dial emergency services immediately.

2. Summon Medical Assistance:

- Notify the School Nurse or a First Aider and obtain relevant medication.
- Administer emergency treatment as necessary.

3. Providing Information to Emergency Services (When Calling 999):

- Clearly provide the following information:
 - School Telephone Number: 01483 561440

- School Address: Guildford High School, London Road, Guildford, Surrey, GU1 1SJ (include exact location, e.g., Main School, Nightingale Road, Morton House)
- Your name
- Name of the casualty and any known symptoms or medical conditions

4. Ambulance Arrival:

- Inform Reception, Senior Leadership Team (SLT), and the Facilities Manager/duty caretaker.
- They will guide the ambulance crew and ensure clear access.
- After calling for medical help, use your iPad to send an URGENT – CRITICAL INCIDENT email to all of SLT, specifying the pupil, year group, location, and a brief outline (e.g., injured leg). SLT will coordinate, and at least one team member will respond to the scene.

5. Parent Notification:

- If emergency services are called, the parent of the casualty will be contacted by the School Nurse or a member of SLT as soon as possible.

6. Accompanying Pupils to Hospital:

- Unless accompanied by parents, a staff member should always accompany a pupil taken to the hospital by ambulance and remain until the parent arrives.

7. Consent for Medical Treatment:

- In the absence of parents to provide expressed consent, medical staff will carry out appropriate procedures. The accompanying staff member cannot give consent, as they lack parental responsibility for the pupil.

Remember that the Emergency Procedures Policy will be followed during emergencies.

HYGIENE

- All staff must take precautions to prevent infection and adhere to basic hygiene procedures.
- When administering first aid, staff should use disposable gloves available in every first aid box.
- Any spillages of bodily fluids must be reported to the School Nurse, who will follow the procedure for handling bodily fluids (as outlined in Appendix II).

RECORDING FIRST AID TREATMENT

- The School Nurse records administered treatment in the pupil's individual medical file on iSAMS.
- The record should include:
 - Date, time, and place of the incident
 - Name (and class) of the injured or ill pupil (or staff/visitor/parent)
 - Full details of the injury/illness and the provided first aid
 - Immediate post-incident actions (e.g., went home/class/hospital)
 - Name of the person handling the incident

REPORTING AN ACCIDENT

Accidents should be electronically recorded using the ARM System, accessible via the staff intranet by clicking the 'accident' tab. Any staff member can enter an accident into the system. Reports should not be limited to incidents resulting in actual injuries; they should also include 'near misses'—situations that could have caused accidents or injuries. The accident reporting process is divided into four options:

1. Accident:

- Refers to incidents resulting in physical harm to a student, employee, or member of the public (except for minor 'bumps and scrapes'). This category includes incidents reportable under RIDDOR (Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations).

2. Incident:

- Describes events not causing harm but having the potential to cause harm or ill health (i.e., 'near misses').

3. Bumps and Scrapes:

- Used when there is no apparent injury or when the injury is very minor. This option provides fewer details than the accident button, allowing for quick completion while still recording the incident. Minor head bumps fall into this category.

4. Dangerous Occurrence:

- Refers to specific reportable adverse events as defined by RIDDOR.

When reporting, ensure that every field is filled in and saved; otherwise, the record won't be saved.

Accidents and incidents should be recorded promptly while the details are fresh in the reporter's mind. Include the following details:

- Names of witnesses
- Position of any objects involved (e.g., furniture, vehicles)
- Photographs (if necessary)
- Date, time, and name of the injured party
- Location (on site/off site)
- Full circumstances of the accident/incident
- Details of any injuries

Staff should be aware that these details may be used during investigations.

The Facilities Manager receives alerts for all entries and regularly reviews the accident system. All accidents are investigated, followed up, and reported to the Health and Safety Committee and School Governors. The Facilities Manager also determines if the recorded accident needs to be reported under RIDDOR, which is then completed by the UL Health & Safety Manager.

The Head, School Nurse, and Facilities Manager have access to view the complete accident list. Entries in the accident record are also monitored by the UL Health & Safety Manager, and a report is included for the LGB (Local Governing Body) during their termly meetings.

REPORTING OF INJURIES, DISEASES, AND DANGEROUS OCCURRENCES REGULATIONS 1995 (RIDDOR)

Under RIDDOR, certain accidents must be reported to the Health and Safety Executive (HSE). These include:

1. Accidents Resulting in Death or Major Injury
2. Accidents Preventing Normal Work for More Than 7 Days

The Health and Safety Policy Handbook provides details on notifiable diseases and major injuries that must be reported.

In accordance with the Accident, Records, and Notification procedures outlined in the United Learning Group Health and Safety document (starting from page 13), the Facilities Manager at the school will notify Central Office under RIDDOR in the following cases:

- Serious accidents, illnesses, or serious injuries to pupils while under our care
- Deaths of pupils while under our care
- Actions taken in response to these incidents

For Early Years Foundation Stage (EYFS) pupils, ISI will also be notified, especially in cases related to medicines. A pupil's GP is responsible for reporting notifiable diseases and ensuring the pupil's safe return to school. If a pupil is suspected of having a notifiable disease as defined by the Health Protection (Notification) Regulations 2010, the school may seek advice from Public Health England. For EYFS pupils, notification to ISI should occur as soon as reasonably practicable, but within 14 days of the incident. Failure to comply with this requirement constitutes an offense.

Contact details for ISI are as follows: www.isi.net or by telephone at 0207 600 0100.

These reporting procedures apply during both term time and outside of it.

RIDDOR reports are completed by the Group Health and Safety Manager, who receives automatic alerts for each incident report via the electronic accident reporting system.

Accidents are discussed during Health and Safety Meetings, and the Facilities Manager is responsible for reporting serious accidents to the company insurers.

Accident records are kept at GHS for 7 years.

STAFF SUPPORT

- After an incident, all staff members receive debriefing.
- If needed after a serious incident, staff may be granted time off, and the counsellor is available.

This policy has been reviewed and approved by Sian Jones, Health and Safety, Sustainability & Wellbeing Governor.

Next review date: June 2026

APPENDIX I: QUALIFIED FIRST AIDERS

- At least one qualified first aider is present on each school site between 07:30 and 18:00.
- In the Early Years Foundation Stage (EYFS) setting, the school ensures that at least one person with a paediatric first aid certificate (minimum 12 hours of training) is present both on school premises and during school outings.
- At the Sports Centre, the name of the first aider on duty is displayed at reception during opening hours.
- The recommended ratio is one first aider per 100 pupils and staff, and Guildford High School meets this requirement.
- First Aid training is updated every three years as per the listed expiry dates.
- Notices are displayed in key areas throughout the school, and a list is available outside the nurse's office and at reception.
- Copies of certificates are held by the Office Manager.

| FIRST AIDERS – SENIOR SCHOOL | | | |
|------------------------------|---|-------------|---------------------------|
| NAME | QUALIFICATION | EXPIRY DATE | LOCATION |
| Lucinda Bishop | Emergency First Aid at Work | 13.05.29 | Music / Performing Arts |
| Jack Brookes | Outdoor First Aid Training | 12.05.29 | D of E / Junior School PE |
| Lily Driscoll | Outdoor First Aid Training | 12.05.29 | Sports Centre |
| Amy Dutton | Outdoor First Aid Training | | Chemistry |
| Ruth Harris | Outdoor First Aid Training | | English |
| Sharon Howitt | Outdoor First Aid Training | | Geography |
| Helen Le Page | Outdoor First Aid Training | | PE |
| Ewan Laurie | Outdoor First Aid Training | | Geography |
| Ian Richardson | Outdoor First Aid Training | | Computer Science |
| Jenni Wilkinson | Outdoor First Aid Training | | Design & Technology |
| Sue Kew | Emergency First Aid at Work | 13.01.29 | Art |
| Alex Nicholls | Emergency First Aid at Work | 13.01.29 | Nurse |
| Tara Oxley | Emergency First Aid at Work | 13.01.29 | PE / Sports Centre |
| Bella Peters | Emergency First Aid at Work | 13.01.29 | Modern Languages |
| Ruksana Adams | First Aid at Work | 08.01.29 | Physics |
| Conor Brown | First Aid at Work | 08.01.29 | Audio Visual |
| James Huelin | First Aid at Work | 08.01.29 | Physics |
| Luke Jupp | First Aid at Work | 08.01.29 | IT |
| Gemma Kent | First Aid at Work | 08.01.29 | Reception |
| Moacir Molina | First Aid at Work | 08.01.29 | Facilities |
| Annabel Mountford | First Aid at Work | 08.01.29 | Library |
| Artemis Pandi | First Aid at Work | 08.01.29 | Library |
| Nicola Smith | First Aid at Work | 08.01.29 | Chemistry |
| Jenni Wilkinson | First Aid at Work (inc CAT Tourniquets) | 08.01.29 | Design & Technology |
| Jack Brookes | First Aid at Work | 16.12.28 | D of E / Junior School PE |
| Julio Martinez | First Aid at Work | 16.12.28 | Facilities |
| Freddie Bennett | Emergency First Aid at Work | 05.06.28 | Psychology / Biology |
| Sarah Gill | Emergency First Aid at Work | 05.06.28 | PE / Sports Centre |
| Grayson Jones | Emergency First Aid at Work | 05.06.28 | Music |
| Helen Le Page | Emergency First Aid at Work | 05.06.28 | PE / Sports Centre |

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|-------------------------|-----------------------------|----------|------------------------------|
| Amy McAleavy | Emergency First Aid at Work | 05.06.28 | Modern Languages |
| Rupert Quiney | Emergency First Aid at Work | 05.06.28 | Sports Centre |
| Karen Stenning | Emergency First Aid at Work | 05.06.28 | Chemistry Lab Technician |
| Hazel Webb | Emergency First Aid at Work | 05.06.28 | Chemistry |
| Marta Bednarek | Emergency First Aid at Work | 02.06.28 | Admin area upstairs |
| Rachel Byrne | Emergency First Aid at Work | 02.06.28 | PE / Sports Centre |
| Sophie Greenoakes | Emergency First Aid at Work | 02.06.28 | Classics |
| Keely Harper | Emergency First Aid at Work | 02.06.28 | PE / Sports Centre |
| Gayatri Iyer | Emergency First Aid at Work | 02.06.28 | Admissions / Admin area |
| Ryan Jones | Emergency First Aid at Work | 02.06.28 | Drama / Head of Year |
| Katie Koi | Emergency First Aid at Work | 02.06.28 | PE / Sports Centre |
| Milena Licheva | Emergency First Aid at Work | 02.06.28 | Sports Centre |
| Shaun Spedding | Emergency First Aid at Work | 02.06.28 | DT / Facilities |
| Iain Hazell | First Aid at Work | 09.05.28 | Facilities |
| Mark Jones | First Aid at Work | 09.05.28 | Facilities |
| Claire Payne | First Aid at Work | 09.05.28 | The Garage |
| Katrina Sloan | First Aid at Work | 09.05.28 | History/Morton House |
| Jhone Tavares | First Aid at Work | 09.05.28 | Sports Centre |
| Simon Wilkinson | First Aid at Work | 09.05.28 | Sports Centre |
| Amy Dutton | Emergency First Aid at Work | 08.01.28 | Chemistry |
| Pauline Farrar | Emergency First Aid at Work | 08.01.28 | Nurse |
| Amanda Hiley | Emergency First Aid at Work | 08.01.28 | Religious Studies |
| Fiona Jones | Emergency First Aid at Work | 08.01.28 | Drama |
| Ewan Laurie | Emergency First Aid at Work | 08.01.28 | Careers |
| Sophie McCormack | Emergency First Aid at Work | 08.01.28 | Sports Centre |
| Tom M'Clelland | Emergency First Aid at Work | 08.01.28 | MFL |
| James Partridge | Emergency First Aid at Work | 08.01.28 | Geography |
| Will Saunders | Emergency First Aid at Work | 08.01.28 | Deputy Head/History/Politics |
| Jhone Tavares | Emergency First Aid at Work | 08.01.28 | Sports Centre |
| Rosana Vilaplans | Emergency First Aid at Work | 08.01.28 | Harper House |
| Abi Bamford | Emergency First Aid at Work | 25.11.27 | Biology |
| Jenni Hall | Emergency First Aid at Work | 25.11.27 | Partnerships / Admin |
| Karen Laurie | Emergency First Aid at Work | 25.11.27 | Head |
| Dan Martin | Emergency First Aid at Work | 25.11.27 | Morton House / Geography |
| Laura McHale | Emergency First Aid at Work | 25.11.27 | PE / Sports Centre |
| Philippa Moriss-Jeffery | Emergency First Aid at Work | 25.11.27 | English |
| Róisín Watters | Emergency First Aid at Work | 25.11.27 | MFL / Admin area |
| Liz Weaver | Emergency First Aid at Work | 25.11.27 | MFL |
| Matt Burch | Emergency First Aid at Work | 13.06.27 | HoY / Geography |
| Sam Buxton | Emergency First Aid at Work | 13.06.27 | HoY / Religious Studies |
| Catherine Gilmore | Emergency First Aid at Work | 13.06.27 | Deputy Head / Biology |
| Sarah Glyn-Davies | Emergency First Aid at Work | 13.06.27 | HoY / English |
| Frances Hardesty | Emergency First Aid at Work | 13.06.27 | Art / Food Tech |
| Sharon Howitt | Emergency First Aid at Work | 13.06.27 | Geography |
| Lydia McAvoy | Emergency First Aid at Work | 13.06.27 | English |
| Ann Minear | Emergency First Aid at Work | 13.06.27 | History |
| Katherine Walker | Emergency First Aid at Work | 13.06.24 | Biology |

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| Ashley Fenton | First Aid at Work | 02.06.27 | Drama |
| Emilie Forrest-Biggs | Emergency First Aid at Work | 22.05.27 | HoY / Music |
| Stephanie Ginger | Emergency First Aid at Work | 22.05.27 | Biology |
| Nicky Griffiths | Emergency First Aid at Work | 22.05.27 | Reception |
| Charlotte Karin | Emergency First Aid at Work | 22.05.27 | DT |
| Duncan Peel | Emergency First Aid at Work | 22.05.27 | Modern Languages |
| Elisa Perez Sanchez | Emergency First Aid at Work | 04.01.27 | Modern Languages |
| Kat Thomson | Emergency First Aid at Work | 04.01.27 | Textiles |
| Amanda Whybro | Emergency First Aid at Work | 04.01.27 | Assistant Head Wellbeing |
| Barry Knight | First Aid at Work | 26.11.26 | Sports Centre |
| Susie McNamara | First Aid at Work | 26.11.26 | Sports Centre |

vcp/13.05.26

FIRST AIDERS – JUNIOR SCHOOL

| NAME | QUALIFICATION | EXPIRY DATE | LOCATION |
|-----------------------|--------------------------------|----------------|------------------------------------|
| Mrs T Irving | Emergency Paediatric First Aid | Nov 2026 | ASC – Ground Floor |
| Mrs A Barrie | Emergency Paediatric First Aid | Jan 2027 | 2B – Ground Floor |
| Miss Z Drapper | Emergency Paediatric First Aid | Jan 2027 | RD – Ground Floor |
| Mrs C King | Emergency Paediatric First Aid | Jan 2027 | 2K – Ground Floor |
| Mrs A Sood | Emergency Paediatric First Aid | Jan 2027 | RS – Ground Floor |
| Mrs C Staddon | Emergency Paediatric First Aid | Jan 2027 | T&L Office – 1 st Floor |
| Mr A Williamson | Emergency Paediatric First Aid | Jan 2027 | Head of JS – Ground Floor |
| Mr A Allan | Emergency Paediatric First Aid | May 2027 | 3A – Ground Floor |
| Mrs A Allan | Emergency Paediatric First Aid | May 2027 | 1A – Ground Floor |
| Miss J Ansell | Emergency Paediatric First Aid | May 2027 | JS Entrance – Ground Floor |
| Mrs H Burling-Smith | Emergency Paediatric First Aid | May 2027 | PA Office – Ground Floor |
| Mrs R Cook-Abbott | Emergency Paediatric First Aid | May 2027 | 2B – Ground Floor |
| Mrs J Culley | Emergency Paediatric First Aid | May 2027 | PE Dept |
| Mrs A Jones | Emergency Paediatric First Aid | May 2027 | 1J – Ground Floor |
| Mrs J Kinch | Emergency Paediatric First Aid | May 2027 | 4K – 1 st Floor |
| Miss K Smith | Emergency Paediatric First Aid | May 2027 | 6S – 1 st Floor |
| Mrs S Stothert | Emergency Paediatric First Aid | May 2027 | 2B – Ground Floor |
| Mrs I Botha | Emergency Paediatric First Aid | September 2028 | 5B – 1 st Floor |
| Mrs L Cartwright | Emergency Paediatric First Aid | September 2028 | 6C – 1 st Floor |
| Miss H Curtis | Emergency Paediatric First Aid | September 2028 | 3C – 1 st Floor |
| Miss E Donvito | Emergency Paediatric First Aid | September 2028 | RD – Ground Floor |
| Mrs M Mager | Emergency Paediatric First Aid | September 2028 | 5S – 1 st Floor |
| Mrs S Moulton | Emergency Paediatric First Aid | September 2028 | ASC – Ground Floor |
| Miss A Nimmo | Emergency Paediatric First Aid | September 2028 | ASC – Ground Floor |
| Mrs M Sivasubramaniam | Emergency Paediatric First Aid | September 2028 | 1A – Ground Floor |
| Mrs L Sunckell | Emergency Paediatric First Aid | September 2028 | Year 6 – 1 st Floor |
| Miss A Thavaseelan | Emergency Paediatric First Aid | September 2028 | Year 4 – 1 st Floor |
| Mrs R Wardell | Emergency Paediatric First Aid | September 2028 | Music Room – 2 nd Floor |
| Miss J Whitaker | Emergency Paediatric First Aid | September 2028 | Year 6 – 1 st Floor |
| | | | hbs/02.09.25 |

APPENDIX II: GUILDFORD HIGH SCHOOL PROTOCOL FOR DEALING WITH BODY FLUID SPILLAGES IN SCHOOL

GENERAL STATEMENT

- The aim of this policy is to reduce exposure risk to blood-borne and body fluid pathogens.
- All staff members who may encounter blood or other body fluid spillages are responsible for adhering to this policy. Awareness of personal responsibilities in preventing infection spread is crucial.

LEGAL POSITION

- The school has a duty to protect staff from hazards encountered during work, including microbiological risks (COSHH 2002).
- Biohazards covered by this policy include:
 - Blood
 - Respiratory and oral secretions
 - Vomit
 - Faeces
 - Urine
 - Wound drainage

PREVENTION AND PREPARATION

- The workplace must assess health risks associated with exposure to body fluid spillages.
- Staff should be aware of the policy and associated risks.
- First-aid facilities and trained staff should be available.
- 'Spillage kits' containing absorbent granules, disinfectant, scoop, scraper, disposable gloves, and bags are accessible (kept with cleaners and in the Sports Centre in a bio-hazard box).
- Regular evaluation ensures procedure updates.

MANAGEMENT

- If body fluid spills onto a surface:
 - Notify appropriate staff (e.g., cleaners) to secure the area with warning signs.
 - Staff dealing with biohazard spills should wear protective gear:
 - Disposable gloves
 - Disposable plastic apron
 - Eye and mouth protection (goggles and mask if splash or spray is anticipated)
- Access the 'spillage kit' from cleaners:
- Sprinkle absorbent granules over the spillage to solidify it within 2 minutes (avoid standing over the solution due to respiratory irritation).
- Use the provided scoop and scraper to remove solidified residue, place it in a bin bag, seal, and dispose of it properly.
- Thoroughly clean the area and equipment using hot water, detergent, and disposable cloths.
- Perform hand hygiene after spillage management.
- In case of contamination to eyes or mouth, wash with copious amounts of water.

NOTE:

If a spill contains glass or other sharps, use disposable forceps and carefully dispose of them in a sharps bin in medical room or science department (refer to Sharps information in Appendix 4 of the Provision of Medical Care Policy).

APPENDIX III: HEAD INJURY

A head injury encompasses trauma resulting in scalp, skull, or brain injury, ranging from minor bumps to severe brain damage. Our objectives include:

PROVIDING A SAFE ENVIRONMENT

- Ensuring safety for all.
- Equipping staff with clear protocols for handling head injuries.
- Recognizing concussion signs and managing them appropriately.
- Recording all head injuries and conducting relevant risk assessments.
- Providing pupils and parents with appropriate advice on head injuries.

GENERAL PRINCIPLES FOR ALL HEAD INJURIES

- Any head injury is potentially serious and may cause lasting harm.
- Qualified first aiders must carefully review all cases.
- Signs and symptoms should guide assessment.
- Record all head injuries on an accident form and inform parents or guardians.
- Provide pupils with a completed Head Injury NHS Advice Sheet (see Appendix IV.1).

HEAD INJURY GUIDELINES (APPLICABLE TO ALL ACTIVITIES)

- If a pupil sustains a bump or falls after a knock to the head:
 - She may continue if she gets up unaided, appears fully conscious, and is oriented.
 - If in pain, unable to get up unaided, or confused, she must cease the activity.
 - A designated staff member should monitor her until symptoms abate or a trained professional takes over.
 - Contact the school nurse if possible.
- Any loss of consciousness, even brief, warrants referral to a doctor (GP or A&E).
- If any of the following occur under observation, assess by a medical professional:
 - Deteriorating conscious state
 - Bleeding
 - Decreased breathing rate
 - Confusion, irritability, agitation, restlessness
 - Convulsions
 - Facial bruising
 - Nausea/vomiting
 - Dizziness
 - Memory loss
 - Fluid drainage from nose, mouth, or ears (clear or bloody)
 - Severe headache
 - Personality changes
 - Slurred speech
 - Stiff neck
 - Swelling at the injury site
 - Blurred or double vision
 - Scalp wound
 - Pupil size or reaction changes

- If unconscious, place the pupil in the recovery position, stop the activity, call an ambulance, and avoid moving the pupil until help arrives.
- Accompany the pupil in the ambulance if possible.
- A member of staff or a known adult (e.g., parent) should accompany a pupil in an ambulance. Staff witnessing or attending to a pupil with a head injury should:
 - Record detailed circumstances of the injury and actions taken.
 - Take photographs of the injury site and any relevant objects.
 - Provide written details of the injury to accompany the pupil going to the hospital.
- After a pupil sustains a head injury:
 - The nurse ensures that head injury instructions are given to the injured pupil to take home.
 - The pupil should not go home alone but be accompanied.
- Pupils may feel drowsy after an injury:
 - If the accident occurs just before bedtime, allow children to sleep.
 - On a residential school trip, wake the child up after an hour if there's concern.
 - Check that the pupil appears to breathe normally and sleeps in a normal position.
- Mild headaches are normal after a head knock:
 - Tenderness or mild swelling of the scalp may also occur.
 - If the headache becomes more acute, take the pupil to the hospital or call an ambulance
 - Staff attending to head injuries should document details

CONCUSSION: UNDERSTANDING AND MANAGEMENT

- **DEFINITION:**
 - Concussion is a disturbance of normal brain function without structural damage. It typically results from a direct head blow or indirect shaking when the body is struck. Importantly, concussions can occur without loss of consciousness.
 - In the school environment, concussions can happen when a student's head contacts hard surfaces (e.g., floor, desk, or another student's body). Vigilance is crucial, especially during activities like sports and PE.
 - Students may experience concussions outside of school but present with symptoms at school. Recognizing these situations is vital, as concussions can impact academic performance, behavior, and pose risks if another concussion occurs before recovery.
- **CONCUSSION SUMMARY PRINCIPLES:**
 - Prioritize pupil welfare by taking concussions extremely seriously.
 - Remove players suspected of concussion from play during sports fixtures or practice; they should not resume play.
 - Medically assess suspected or diagnosed concussion cases.
 - Follow a Graduated Return to Play Protocol (GRTP) for affected players.
 - Obtain medical clearance before allowing players to return to play.
- **RECOGNIZING CONCUSSION: VISUAL CLUES:**
 - Any of the following signs may indicate concussion:
 - Loss of consciousness or responsiveness
 - Lying motionless or slow to get up
 - Unsteady on feet, balance problems, falling, or incoordination
 - Grabbing/clutching the head
 - Dazed, blank, or vacant look

- Confusion or unawareness of plays/events
 - Nausea or vomiting
 - Convulsions/fit
- **QUESTIONS TO ASK OR OBSERVE:**
 - Inquire about or observe:
 - Headaches
 - Dizziness
 - Feeling in a fog
 - Feeling unwell
- **IMMEDIATE ACTION FOR SUSPECTED CONCUSSION:**
 - If a player shows signs of concussion after a head blow:
 - Remove them from play immediately.
 - Do not allow them to return until medically assessed (usually at a hospital emergency department).
 - Consider memory questions (e.g., venue, game details) to assess cognitive function.
- **COACH'S RESPONSIBILITIES WHEN SUSPECTING CONCUSSION:**
 - Communicate with parents, refer to a medical practitioner or emergency department.
 - Inform the school nurse the following day.
 - Advise the pupil to report to the school nurse upon returning to school.
 - Provide the head injury advice sheet.
 - Complete an accident form.

APPENDIX III.1

Using the Glasgow Coma Scale

Every brain injury is different, but generally, brain injury is classified as:

- Severe: GCS 3-8 (You cannot score lower than a 3.)
- Moderate: GCS 9-12
- Mild: GCS 13-15

The GCS measures the following functions:

Eye Opening (E)

- 4 = spontaneous
- 3 = to voice
- 2 = to pain
- 1 = none

Verbal Response (V)

- 5 = normal conversation
- 4 = disoriented conversation
- 3 = words, but not coherent
- 2 = no words, only sounds
- 1 = none

Motor Response (M)

- 6 = normal
- 5 = localized to pain
- 4 = withdraws to pain
- 3 = decorticate posture (an abnormal posture that can include rigidity, clenched fists, legs held straight out, and arms bent inward toward the body with the wrists and fingers bent and held on the chest)
- 2 = decerebrate (an abnormal posture that can include rigidity, arms and legs held straight out, toes pointed downward, head and neck arched backwards)
- 1 = none

Clinicians use this scale to rate the best eye opening response, the best verbal response, and the best motor response an individual makes. The final GCS score or grade is the sum of these numbers.



REFERENCES

- RugbySafe: <http://www.englandrugby.com/rugbysafe/>
- Headcase: <http://www.englandrugby.com/my-rugby/players/player-health/concussion-headcase/>
- Schools specific guidance: <http://www.englandrugby.com/my-rugby/players/player-health/concussion-headcase/schools-and-colleges/>
- For concussion: Guildford High School follows the World Rugby Graduated Return to Play (GRTP) programme within the school setting (Ref: www.playerwelfare.worldrugby.org).


APPENDIX III.2: HEAD INJURY ADVICE SHEET

Head Injury Advice Sheet

Advice for parents and carers of children



How is your child?




RED

If your child has any of the following during the next 48 hours:

- Vomits repeatedly i.e. more than twice (at least 10 minutes between each vomit)
- Becomes confused or unaware of their surroundings
- Loses consciousness, becomes drowsy or difficult to wake
- Has a convulsion or fit
- Develops difficulty speaking or understanding what you are saying
- Develops weakness in their arms and legs or starts losing their balance
- Develops problems with their eyesight
- Has clear fluid coming out of their nose or ears
- Does not wake for feeds or cries constantly and cannot be soothed

You need urgent help
Go to the nearest Hospital Emergency (A&E) Department or phone 999




AMBER

If your child has any of the following during the next 48 hours:

- Develops a persistent headache that doesn't go away (despite painkillers such as paracetamol or ibuprofen)
- Develops a worsening headache

You need to contact a doctor or nurse today
Please ring your GP surgery or call NHS 111 - dial 111



GREEN

If your child:

- Is alert and interacts with you
- Vomits, but only up to twice
- Experiences mild headaches, struggles to concentrate, lacks appetite or has problems sleeping

If you are very concerned about these symptoms or they go on for more than 2 months, make an appointment to see your GP.

Self Care
Continue providing your child's care at home. If you are still concerned about your child, call NHS 111 – dial 111

How can I look after my child?

- Ensure that they have plenty of rest initially. A gradual return to normal activities/school is always recommended.
- Increase activities only as symptoms improve and at a manageable pace.
- It is best to avoid computer games, sporting activity and excessive exercise until all symptoms have improved.

www.what0-18.nhs.uk

This guidance is written by healthcare professionals from across Hampshire, Dorset and the Isle of Wight

Head Injury Advice Sheet

Advice for parents and carers of children



Concussion following a head injury

- Symptoms of concussion include mild headache, feeling sick (without vomiting), dizziness, bad temper, problems concentrating, difficulty remembering things, tiredness, lack of appetite or problems sleeping – these can last for a few days, weeks or even months. Some symptoms resolve quickly whilst others may take a little longer.
- Concussion can happen after a mild head injury, even if they haven't been "knocked out".
- 9 out of 10 children with concussion recover fully, but some can experience long term effects, especially if they return to sporting activities too quickly. It is really important that your child has a gradual return to normal activities and that they are assessed by a doctor before beginning activities that may result in them having another head injury.
- If you are very concerned about these symptoms or they last longer than 2 months, you should seek medical advice from your doctor.

Advice about going back to nursery / school

- Don't allow your child to return to school until you feel that they have completely recovered.
- Try not to leave your child alone at home for the first 48 hours after a significant head injury.

Advice about returning to sport

- Repeated head injury during recovery from concussion can cause long term damage to a child's brain.
- Expect to stay off sport until at least 2 weeks after symptoms are fully recovered.
- Always discuss with your child's school and sports club to discuss a gradual return to full activity.

For further information:

Rugby: goo.gl/1fsBXz



Football: goo.gl/zAgbMx



For further support and advice about head injuries, contact:



- Visit the [Brain Injury Trust website](https://www.braininjurytrust.org.uk).



www.what0-18.nhs.uk

This guidance is written by healthcare professionals from across Hampshire, Dorset and the Isle of Wight

CIJ0105 April 2022

APPENDIX III.3: GRADUATED RETURN TO PLAY FOLLOWING CONCUSSION

| Rehabilitation stage | | Exercise Allowed | Objective | Requirement | |
|------------------------------|--|---|---|---|--|
| | Off school while symptomatic | Complete body rest and brain rest | | | |
| 1 | Minimum rest period 14 days after symptom-free without masking medication (eg paracetamol) | None. | Recovery | Written GP permission to progress to stage 2 | Name of Doctor: Signature: Date: |
| 2 At earliest – Day 15 | Light aerobic exercise | Light jogging for 10-15 minutes, swimming or stationary cycling at low to moderate intensity. No resistance training. | Increase heart rate | 48 hours symptom free before progress to next stage | |
| 3 At earliest – Day 17 | Sport-specific exercise | Running drills. No head impact activities. | Add movement | 48 hours symptom free before progress to next stage | |
| 4 At earliest – Day 19 | Non-contact training drills | Progression to more complex training drills, e.g. passing drills. May start progressive resistance training | Exercise, co-ordination and cognitive load | 48 hours symptom free before progress to next stage. Assessed by doctor | Name of Doctor: Signature: Date: |
| 5 At earliest – Day 21 | Full contact practice | Normal training activities | Restore confidence and assess functional skills by coaching staff | 48 hours symptom free before progress to next stage. Report to school nurse | Nurse signature: Date: |
| 6 At earliest–Day 23 | Return to play | Player rehabilitated | Recover | | |

If symptoms of Concussion recur at any stage, the IRB and RFU advocate 24 hour rest, followed by a return to the previous stage

