



# FIRST AID POLICY

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# FIRST AID POLICY

## INTRODUCTION

The safety and wellbeing of children and staff both on site and on off-site school trips and activities is of the highest priority. Our First Aid policy takes account of the Standards for British schools overseas (DfE Nov 2016), the Independent Schools Inspectorate's Commentary on the BSO Standards (ISI November 2019), the UK Department for Education's guidance on first aid in schools (last updated 2014). It also takes into account the guidance issued by the République et canton de Genève: [Recommandations du service de santé de la jeunesse \(SSEJ\) à l'intention des écoles privées.](#)

## AIMS

- to provide an adequate number of appropriately trained and qualified first aiders to deal with incidents or accidents both on the school site and on school journeys, trips and off-site activities;
- to provide at least one qualified person on each school site when children are present;
- to record accidents and near-miss incidents and to inform parents;
- to provide access to first aid kits that are maintained and contain adequate stocks of materials;
- to provide appropriate arrangements for pupils with particular medical conditions (e.g. asthma, epilepsy, diabetes) and serious allergies;
- to have hygienic procedures for dealing with the spillage of body fluids;
- to provide guidance on when and how to call an ambulance.

## ROLES AND RESPONSIBILITIES

### Director General

Overall responsibility for health and safety at the School, including first aid, lies with the Director General.

### Health and Safety Officer

The Health and Safety Officer has responsibility for the implementation of this policy, which comes under the umbrella of the overall Health and Safety Policy.

The responsibilities of the Health and Safety Officer are:

- To arrange for all aspects of health and safety training for employees, including training in first aid, and to liaise with the Director of People and Culture regarding the maintenance of health and safety staff training records;
- To monitor all health and safety procedures in the School, including risk assessments and the keeping of records;
- To ensure that the School complies with its reporting and record-keeping obligations;
- To maintain a record of near-miss incidents, associated risk assessments and the action taken to avert a possible accident;
- To investigate accidents and incidents, carry out appropriate risk assessments and to act on findings to prevent a recurrence;
- To report to the appropriate authorities if there is a reportable or other major incident;
- To liaise with the School's insurers and legal advisers, as appropriate;
- As Chair of the Health and Safety Committee, to bring serious incidents or near-miss incidents to the Committee for discussion and review.

### School Doctor

The School employs the part-time services of Dr Christer Malmberg. Dr Malmberg provides advice to the School and to the School Nurse, following the guidelines for school doctors that are issued by the SSEJ (see the link above).

### School Nurse

The School Nurse is Mrs Polly Pupulin. She provides overarching medical support and advice across the School. If appropriate (for example in an emergency) she can be called to each site at short notice. She is on duty at the following times:

Genthod – Monday, Tuesday, Thursday and Friday: 10:00–14:00

Versoix – Wednesday: 10:00–14:00

- Mrs Pupulin's on-call school mobile telephone number is +33 6 34 55 00 18.
- She can also be contacted at [ppupulin@geschool.ch](mailto:ppupulin@geschool.ch).

Mrs Pupulin maintains a shared drive ('First Aid') on Google Drive in which she posts updates on health related issues in the School. There is also a shared space for members of staff to post questions or comments.

The responsibilities of the School Nurse are:

- To be the lead first aider in the School
- To provide basic first aid training for members of staff who are not the School's certified first aiders
- To maintain the School's first aid kits
- To ensure that the Sick Bay in Genthod and Medical Room in Versoix are kept adequately stocked and equipped
- To ensure that medicines and medical supplies are stored, used and disposed of in a safe and appropriate way
- To ensure that medicines are administered according to school policy
- To maintain appropriate pupil medical records
- To communicate with parents with regard to health and medical issues and medical consent
- To meet with the parents of children joining the School with serious allergies (generally those for which an EpiPen has been prescribed) or with particular medical conditions (e.g. diabetes, epilepsy, asthma) in order to draw up an agreed individual healthcare plan
- To liaise regularly, and as appropriate, with the School Doctor
- To keep the Director General and Headteachers updated with important health-related issues in the School and to provide advice as appropriate
- To meet with new members of staff as part of their induction (See Staff Induction Policy)
- To be a member of the School's Health and Safety Committee
- To keep this First Aid policy under review

### **All Staff**

All members of staff have the following responsibilities:

- to utilise their first aid training as and when appropriate
- to report to the School Nurse or to a member of the SLT any health-related concerns about a child
- to report any accident or any incident (near-miss) that could have resulted in an accident

### **TRAINING**

The School provides basic life support and basic first aid training for key members of staff. Staff must sign up to attend these training courses every two years. For the School's certified first aiders, this training is provided and certificated by an external agency. For all other members of staff, the training is provided by the School Nurse and School Doctor. New members of staff complete the online Educare First Aid course and receive an overview of the School's first aid practices as part of their induction programme.

First Aid induction training for new members of staff includes:

- Familiarisation with this policy;
- Incident and accident reporting;
- Training in administering an EpiPen;
- Location and use of defibrillators.

The Director of People and Culture is responsible for maintaining a record of staff training and a list of certified first aiders. This list is published as an appendix to this policy.

## **FIRST AID ARRANGEMENTS**

### **Genthod**

During the lunchtime break, there is a designated First Aider (usually the School Nurse) in Sick Bay.

At other times, First Aid is coordinated via the school office and the School Nurse is summoned if necessary.

### **Versoix**

Incidents involving First Aid are coordinated via the school office. The School Nurse can be called if necessary. Patients can be cared for in the Medical Room.

### **Off-site activities and school trips**

The Trip Leader assumes overall responsibility for any incidents that require first aid (see the School's [Educational Visits Policy](#)).

There is a certified first aider present whenever pupils are on site. For off-site visits in Nursery and Reception, there will always be a certified first aider. For all other off-site activities and trips, there will be at least one member of staff present who has up to date in-house first aid training.

## **FIRST AID KITS**

First Aid kits are located as follows:

- Genthod
  - Sick Bay (x12)
  - Early Years (Main Building) (x1)
  - After School Care (x1)
  - Kitchen (x1)
- Versoix
  - Medical Room (x4)
  - Admissions office (x1)
- On the school minibuses (x3)

First Aid kits must always be taken to sports matches, off-site activities and on school trips.

## **DEFIBRILLATORS**

The School has two automated external defibrillators: one in the entrance hall of the main building in Genthod and one by the Reception desk in Versoix. Members of staff will receive training/familiarisation on the use of the defibrillators.

## **CALLING AN AMBULANCE**

If anyone has sustained a serious injury, staff should summon medical help immediately. The emergency telephone number for an ambulance in Switzerland is 144. A flowchart for the procedure for calling an ambulance is attached to this policy (Appendix 7).

## **STORAGE AND ADMINISTRATION OF MEDICINES**

If a pupil requires medication during the course of the school day, parents must give all medicines directly to the School Office with written permission to administer, using the form [Request for the School to Administer Medication](#) (Appendix 5).



All medications, including emergency prescription medicines for children with a specific, long-term need (anaphylaxis, asthma etc), are stored in locked cupboards in Sick Bay (Genthod) and the Medical Room (Versoix).

Before giving a pupil a one-off dose of non-prescription medicine (e.g. paracetamol, ibuprofen, antihistamine) during the school day, consent will be gained from a parent.

### **BLOOD AND OTHER BODY FLUIDS**

If the First Aider suspects that they or any other person may have been contaminated with blood and/or other bodily fluids which are not their own, the following actions should be taken without delay:

- wash splashes off skin with soap and running water
- wash splashes out of eyes with tap water or an eye wash bottle
- wash splashes out of nose or mouth with tap water, taking care not to swallow the water
- record details of the contamination
- report the incident to the School Nurse and take medical advice if appropriate

### **Hygienic procedures for dealing with the spillage of body fluids**

- The Facilities Team is aware of the procedure for dealing with spillages of body fluids.
- The member of staff taking charge of the incident should contact the Facilities Supervisor. A member of the Facilities Team will then be called to deal with the matter.
- The body fluid disposal powder and kits (see Appendix 6 for contents) are stored in a locked cupboard. Product safety sheets are kept by the Facilities Team.
- The kits are located as follows:
  - o Genthod (x2): Dining Hall and School Office
  - o Versoix (x1): School Office
- The Facilities Supervisor is responsible for maintaining these kits and ordering new materials as necessary.

### **EMERGENCY MEDICAL TREATMENT**

In accepting a place at GES, parents are required to sign an Emergency Contacts, Medical Information and Medical Consent Form. This information and consent is renewed annually. For residential trips, parents are required to sign a form authorising the trip leader to give consent, based on the advice of an appropriately qualified medical specialist, to their son or daughter receiving emergency medical treatment, including general anaesthetic and surgical procedure, if GES is unable to contact them in time.

### **MANAGEMENT OF PARTICULAR MEDICAL CONDITIONS**

The School has general protocols for the treatment and care of children suffering from particular medical conditions, specifically:

- Asthma
- Diabetes
- Epilepsy
- Severe Allergies (risk of anaphylactic shock)

These are adjusted to the needs of individual children in individual healthcare plans.

There is also a separate policy on [Managing Anaphylaxis](#). Details of those children who are known to be at risk of anaphylactic reactions are provided to all staff and regularly updated.

### **RECORD KEEPING AND REPORTING (ACCIDENTS, INJURIES AND NEAR-MISS INCIDENTS)**

With the exception of minor incidents, the School maintains a record of all accidents and injuries and retains this record for a minimum of three years from the date of the accident or injury.

### **Pupil accidents and injuries and records of first aid administered**

The pupil accident files and records of first aid administered to pupils are kept in hard copy in the medical room and will soon be logged on the Medical Centre on iSAMS. The entry should be made either by the School Nurse or by the First Aider who responded to the incident.

### **Staff accidents and injuries**

Staff accidents or injuries should be reported using the incident/near-miss form (available on the GES Shared Drive). A copy should be given to the Director of People and Culture to keep in the relevant staff file.

### **Near-miss incidents**

A near-miss incident is any incident where an accident could have happened or nearly happened. Near-miss incidents should be reported immediately to the Health and Safety Officer, where possible in person, and followed up with an incident/near-miss form (available on the GES Shared Drive). The Health and Safety Officer will carry out an investigation and risk assessment without delay, complete the incident/near-miss form and implement any changes necessary to avert a possible accident.

### **Review by the Health and Safety Committee**

Serious incidents and near-miss incidents are reviewed, termly, by the Health and Safety Committee and, wherever possible, steps are taken to prevent a recurrence.

### **COMMUNICATION WITH PARENTS**

We will contact parents or carers if a pupil suffers anything more than a minor injury (and always when there has been a bump to the head), if he/she becomes unwell, or if there are any other concerns about his/her health.

### TREATMENT OF ASTHMA

Staff taking children off-campus should refer to the allergies and medical conditions list on the database and ensure that any children who suffer from asthma are carrying their individual named inhaler, before leaving the campus.

In the event of an asthma attack:

- calm the child down, sit them down in an upright position.
- assess the severity of the asthma attack (is the child too breathless to talk?)
- help the child to take his/her inhaler: one puff of inhaler every 30 to 60 seconds up to 10 puffs using a spacer device.
- keep the child under observation and remain with him/her
- if this has no effect and the symptoms persist, call 144.
- In the event the child stops breathing, start **Basic Life Support** protocol whilst waiting for an ambulance.

	Assessment	Action
Mild/Moderate	Able to speak and eat Able to play HR < 140 RR < 50/min	Administer relieving inhaler (salbutamol) Record incident in medical room
Severe	Too breathless to speak Too breathless to eat HR > 140 RR > 50/min Using neck and/or upper chest muscles Blue lips or face	Use inhaler whilst waiting for an ambulance or doctors advice Seek immediate Doctors advice or <b>call 144</b>
Life Threatening	Silent chest Exhaustion Poor respiratory Effort Cyanosis Reduced consciousness Agitation Child may stop breathing	<b>Call 144</b> Use inhaler whilst waiting for an ambulance, if child not breathing start basic life support

## **TREATMENT OF DIABETES**

Prescribed emergency drugs are kept in the School Office to be administered as per the individual protocol in the case of a hypo or hypoglycemic event.

### **Hypoglycaemia (low blood sugar)**

Children with diabetes may experience hypoglycemia (low blood sugar levels). Be aware of the following symptoms:

- Hunger and feeling tired
- Sweating
- Trembling or shaking
- Blurred vision
- Pallor
- Drowsiness
- Glazed eyes
- Lack of concentration
- Mood changes, especially anger or aggression, irritability.
- Seizure/fits
- Collapse and unconsciousness if not treated

#### **Treatment**

- Sugary food should be given immediately as long as the child/adult has no impaired airway/swallow ability: dextrose tablets, non-diet juice, fizzy drinks, sugar, honey or jam.
- Hypostop gel may also be given (often carried by the diabetic). Squirt into the mouth between cheek and gums and massage cheek gently.
- Stay with the child until he/she has fully recovered. Recovery takes 10–15 minutes, and may be followed by nausea, tiredness or headache. Document the incident and inform the child's parents.
- When recovered make sure the child eats some starchy carbohydrate (milk and 2 biscuits, a sandwich/bun, or the next meal if it is due). The child should test his/her own blood sugar level if the kit is at hand.
- If the child is unconscious:
  - o Do not give anything by mouth.
  - o Place in the recovery position
  - o Call 144 for an ambulance, stating suspected hypoglycaemic episode
  - o Administer glucagon injection – GlucaGen hypokit as per Patient Group Direction (PGD) kept in the medical room fridge.
  - o Check blood sugar level
  - o Stay with the child until help arrives.

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

When the blood glucose level is high, glucose will be excreted in the urine.

The child may be:

- Thirsty
- Passing urine frequently
- Feeling tired
- Have fruity smelling breath (like pear drop sweets)
- Blurred vision
- Feeling or being sick and or have tummy pains

The child should be allowed to drink water and go to the toilet as necessary. They can remain in school as long as they appear and feel well.

Extra insulin may need to be given.

The child does not need to be sent out of normal school activities for high blood sugar unless he/she complains of nausea, vomiting or abdominal pain, fever, rapid or deep breathing or has signs of dehydration. In this situation he/she should be sent to the School Office, parents contacted and taken home or an ambulance called (144).

### TREATMENT OF EPILEPSY

Prescribed emergency drugs are kept in the School Office to be administered as per the individual protocol in the case of an acute epileptic seizure.

- Remain calm and if possible time the seizure
- Stay with the child and call for another adult
- Move any furniture or sharp objects out of harm's way protecting the head and neck as priority
- Loosen clothing around neck
- Administer medication as prescribed by the treating doctor.
- Once the seizure has finished check for **response and breathing**.
- If the child is breathing but unconscious, place the child into the recovery position.
- If the child is not breathing normally, start Basic Life Support.

Call 144 for an ambulance if:

- The child is not known to have seizures or the seizure is out of 'normal' for the child known to have seizures.
- The seizure lasts longer than normal
- The child is having repeated seizures
- The child remains unconscious for more than ten minutes after the seizure
- The child has suffered a significant injury

Do not:

- Put anything in someone's mouth during a seizure
- Try to restrain someone during the convulsive stage of a seizure
- Give the child anything to drink until he/she has fully recovered and able to swallow properly
- Expect the child to respond to commands during a seizure or immediately after one

### **TREATMENT OF ANAPHYLACTIC SHOCK**

Prescribed emergency drugs are kept in Sick Bay (Genthod) or in the Front desk (Versoix), to be administered as per the individual protocol in the case of an anaphylactic reaction.

#### **Mild symptoms**

- Itchy tingling mouth, metallic taste
- Rash and itching local/general
- Swelling – eyes and face
- Flushed face/neck or generalised
- Abdominal pain/diarrhoea/vomiting
- Anxiety
- Pallor

#### **Treatment**

- Administer antihistamine as prescribed by doctor (e.g. Feniallerg or Piriton), if available. Note the time and inform the School Nurse.
- Stay with the child and continue to watch for any deterioration in symptoms as below.

#### **Severe symptoms**

- Difficulty in breathing – wheezing or coughing
- Swelling of lips, tongue or mouth
- Difficulty in swallowing
- Dizzy/faint
- Decreased level of consciousness
- Collapse

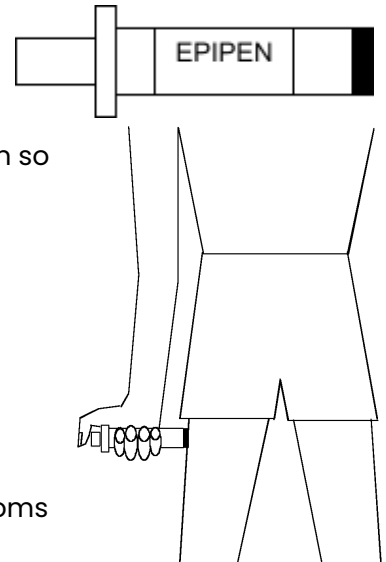
#### **Treatment**

- If the child feels faint lie them down and raise their legs
- Administer his/her EpiPen and note the time. No harm will be done if the EpiPen is used in error.
- Call an ambulance immediately after giving the injection, as further medical attention will be necessary
- Ask an adult to contact the parents
- Send an adult for a second EpiPen (Genthod: SickBay; Versoix: Front desk)
- If consciousness decreases, lie the child flat
- If the child becomes unconscious, turn him/her into the recovery position
- If there is no improvement after five minutes:
  - o Repeat EpiPen application if available and note the time for ambulance staff
  - o Stay with the child
  - o If the child stops breathing, start Basic Life Support.

Note: Asthmatics can use their inhalers alongside the EpiPen if they are wheezing or tight chested.

## How to use an EpiPen

1. Remove the EpiPen from its container
2. Remove the grey safety cap
3. Place orange tip towards patient's thigh, 'swing down' with the pen so contact with the leg is made  
(No need to remove clothing - goes through trousers)
4. Press hard until pen activates (clicks)
5. Hold in place for minimum 3 seconds
6. Massage injection site for 10 seconds
7. Call an ambulance (144 in Switzerland)
8. Record date, time and action taken
- 9) Repeat with second dose after 5 minutes if no response or symptoms return after first dose





### **MANAGEMENT OF HEAD BUMPS**

In the event that a pupil sustains a bump to the head the following protocol is followed;

- The first aider on duty assesses the injury and treats the bump by applying ice to the area for a minimum of 10 minutes.
- Any associated injuries will be treated at this time.
- The pupil will be taken back to class and their teacher will be informed so any signs of a head injury can be identified quickly. These signs may include drowsiness, nausea/vomiting, headache, disorientation, change of behaviour, loss of balance.
- If the first aider feels the injury warrants a second opinion, the School Nurse is called to review.
- The incident is documented in the Medical Centre on iSAMS and a text message is sent to the pupil's parent/carer. In more serious cases, where the pupil has been assessed by the School Nurse, the text message should include: location of injury/bump, treatment given, if the School Nurse assessed, if the pupil has gone back to class, teacher(s) aware and watching for any signs of head injury/concussion.
- All head bumps are managed according to the presentation of the pupil at the time of the injury with a view to reassess if he/she begins to display any early sign of head injury /concussion. We would then re-evaluate and contact the parent/carer as soon as possible to advise a medical review either by the family doctor or by the emergency department at a local hospital.

### REQUEST FOR THE SCHOOL TO ADMINISTER MEDICATION

Parents must deliver all medicines, ointments etc. to the School Office (Genthod/Versoix as appropriate). The School cannot administer medication to your child until this form is completed and signed.

**Surname:****Forename(s):****Date of birth:****Class:****Condition or illness:****Medication:**

For how long will your child take this medication?

Date dispensed:

Dosage and directions for use:

Date/time last administered:

	Date Day 1	Date Day 2	Date Day 3	Date Day 4	Date Day 5	Date Day 6
Number of tablets/ dose delivered:						
Received by:						
Balance of medication returned						
Collected by:						

I understand that I must deliver the medicine to the School Office and collect as required.

**Signature(s):**

Name:

Contact phone number:

Relationship to child:

## **BODY FLUID DISPOSAL KIT**

### CONTENTS

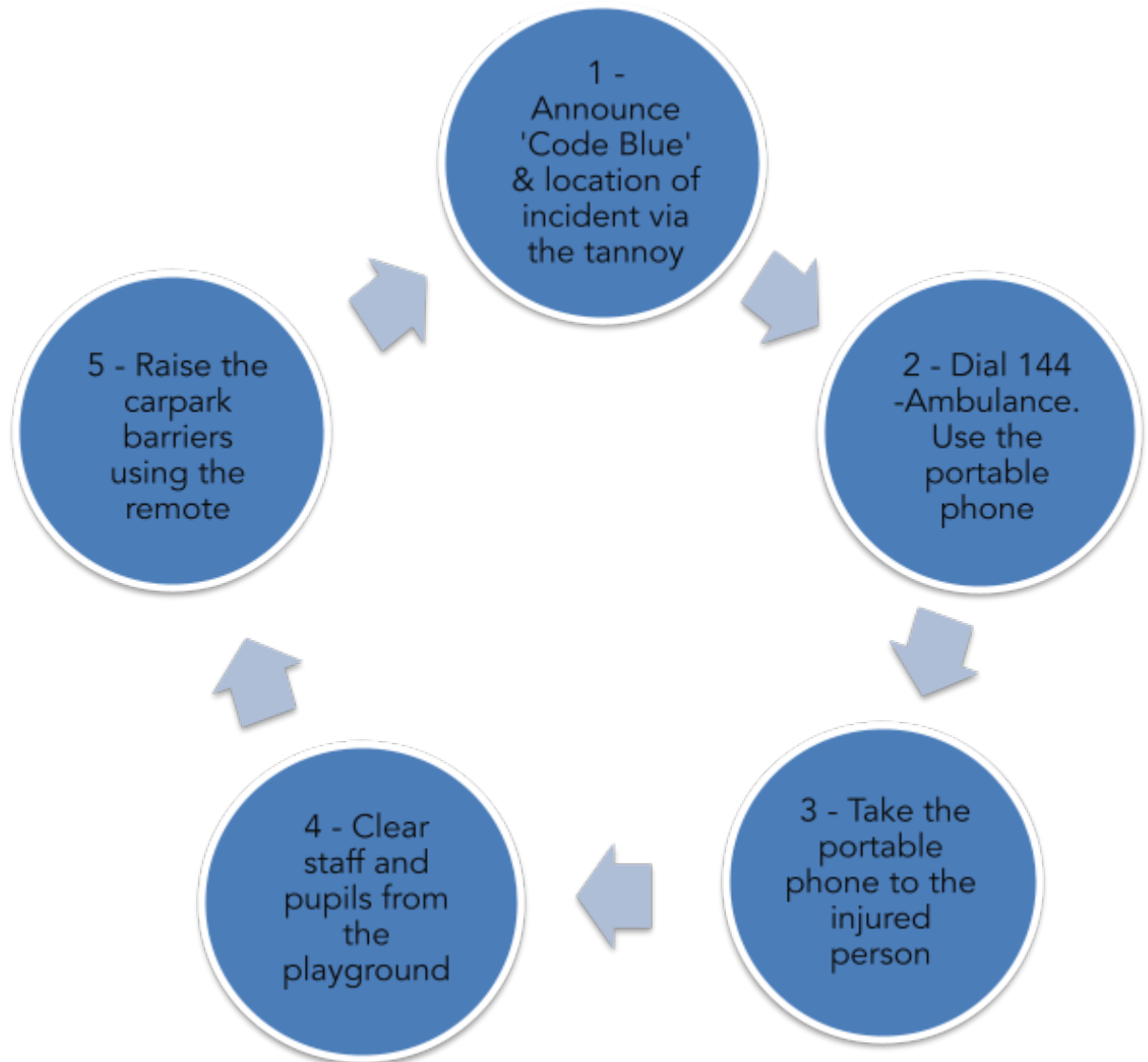
- 1 bottle of 'Vernagel' (body fluid powder)
- 1 bottle of 'Freshen Up' spray (odour controller and stain digester)
- 1 dustpan and brush
- 10 clear bags
- 10 clear plastic gloves
- 1 face mask

### DIRECTIONS

1. Sprinkle 'Vernagel' powder on to the spillage.
2. Leave powder on the affected area for 15-30 minutes.
3. Use a dustpan and brush to remove the 'gelled' substance.
4. Sanitise the area with 'Freshen Up' spray by spraying directly on to the affected surface.
5. Dispose of the gelled substance by flushing it down the toilet.
6. Rinse/wash the dustpan and brush.
7. Advise the Facilities Supervisor if any replacement materials are required.

Appendix 8:

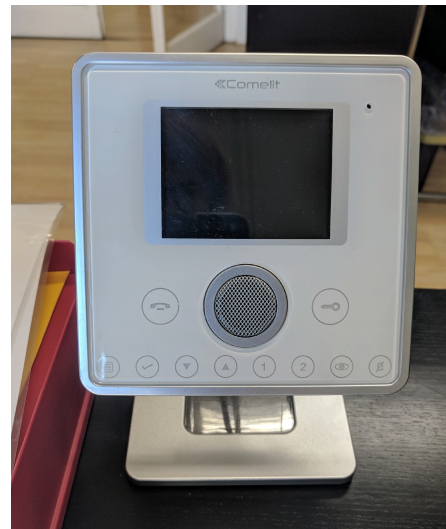
CALLING AN AMBULANCE FROM THE PRIMARY OFFICE



The portable phone is located at the front desk.



The button to release the outermost car park barrier is on the PA's desk: press the Key button

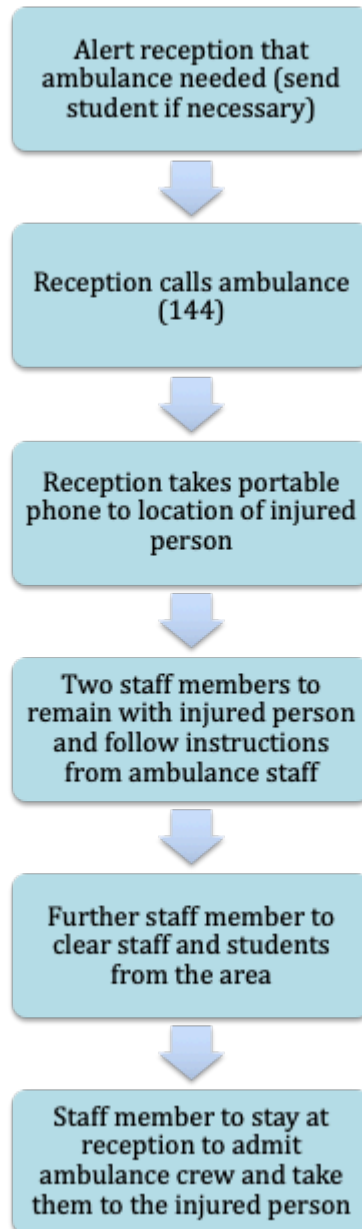


The remote to release the nearby car park barrier (by the Salève building) is pinned to the noticeboard behind the PA's desk.



Appendix 9:

**CALLING AN AMBULANCE FROM THE SECONDARY OFFICE**



## Appendix 10

### **LIST OF CERTIFIED FIRST AIDERS**

This list is available at each reception and is updated annually.