



FIRST AID POLICY

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FIRST AID POLICY

This policy outlines Gayhurst School's responsibility to provide adequate and appropriate first aid to pupils (including EYFS), staff, parents and visitors and the procedures in place to meet that responsibility. The anti allergy policy should be read alongside.

This policy is reviewed annually.

1. Aims

- 1.1. To identify the first aid needs of the school in line with the Management of Health and Safety at Work Regulations 1992 and 1999 and the DfE Guidance on First Aid.
- 1.2. To ensure that first aid provision is available at all times while people are on the school premises, and also off the premises whilst on school trips.
- 1.3. To ensure that first aid is administered in a timely and competent manner when needed.

2. Objectives

- 2.1. To ensure that most staff are trained in paediatric first aid (2 day course) and are competent and confident in their administration of first aid
- 2.2. To provide sufficient and appropriate resources and facilities
- 2.3. To inform staff and parents of the school first aid arrangements
- 2.4. To keep accident records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)2013.

3. Responsibilities

- 3.1. The Governors through the Head and Bursar are responsible for putting this policy into practice and for developing detailed procedures to ensure the aims are met including ensuring the policy is known by all.
- 3.2. First aiders must have completed and keep updated a suitable training course every three years. They will:
 - Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school
 - When necessary ensure that an ambulance or other professional medical help is called.
 - Replace used items from first aid boxes as required.
 - The First aid administrator replenishes the first aid boxes termly.
- 3.3. *All staff* are expected to do all they can to secure the welfare of all and are encouraged to act in a timely fashion.

4. First Aid Procedures

- 4.1. First Aid containers will be clearly marked and have minimum contents as per the HSE minimum recommended list:
 - A leaflet giving general first aid advice
 - 20 individually wrapped sterile adhesive dressings of various sizes
 - 2 sterile eye pads
 - 4 individually wrapped (preferably sterile) triangular bandages
 - 6 safety pins
 - 6 medium sized individually wrapped sterile unmedicated wound dressings
 - 2 large sized individually wrapped sterile unmedicated wound dressings
 - 1 pair disposable gloves
 - No tablets or medication
- 4.2. Whenever a first aider uses products they should advise the First aid administrator and detail the quantity of supplies remaining so she can order replacements if required.
- 4.3. Boxes will be in:
 - Each minibus
 - Pease Field container
 - Sports hall foyer
 - Main Office first aid room off the foyer
 - Science side room
 - Kitchen
 - Maintenance office
 - Nursery
 - Pre-Prep School First Aid Room
 - Dining Room
- 4.4. Pouches have been issued to Pre Prep first aiders which contain basics including gloves, resuscitation masks etc.
- 4.5. Medical treatment areas are:
 - First Aid room off the foyer in the main building
 - First Aid room in Little Gayhurst (Year 1)
 - Nursery

There is an automated external defibrillator (AED) attached to the exterior of the pavilion.

- 4.6. Basic hygiene procedures must be followed by staff, single use disposable gloves must be worn when treatment involves blood or other body fluids (including vomit, diarrhoea) and care should be taken when disposing of PPE, dressings or equipment. Sponges and water buckets must not be used for first aid purposes in order to reduce the risk of contamination. All body fluid spillages must be cleaned immediately to reduce the spread of infections and all cleaning items disposed of into the external dustbins.
- 4.7. If a pupil/staff member/visitor has an accident they should be accompanied to the nearest first aid treatment area (serious incidents may be referred to the main first aid room off the foyer after initial checks) unless they cannot be safely moved. In such a case, a first aider will attend to them and an ambulance must be called. If a pupil needs first aid during a games lesson taking place on Pease Field, the teacher is responsible for first aid. The teacher should always inform the form teacher of any injury to a Pre-Prep pupil and the First aid administrator for a Prep school pupil so that the necessary procedure can be followed in reporting to parents. Minor first aid incidences will not be reported to parents.
- 4.8. For support reasons, a mobile phone is to be taken to Pease Field. Pupils may be used for assistance in summoning support where they are judged responsible enough and the situation would not place them in danger of harm.
- 4.9. Assistance should be provided to the first aider by other staff as per their directions, including controlling any other persons in the vicinity, directing an emergency vehicle and/ or getting a second first aider. If in the judgement of the first aider an ambulance is required, they can arrange for one to be called without delay.
- 4.10. However, if necessary, an ambulance will be called at the earliest opportunity by the First aid administrator without waiting for the first aider. If a pupil needs to attend hospital, they will be accompanied by a staff member and parents will be notified.
- 4.11. Any bump to the head is treated as potential concussion and must be entered onto Medical Tracker and a notification sent to parents.
- 4.12. Where a pupil needs to go home, a family member (or in the case of a staff member or other visitor to site who is too unwell to take themselves home, a next of kin) will be contacted. If there is any doubt over the health or welfare of the pupil, parents will be contacted. The responsibility to provide current contact details remains with the parent; however, this information will be sought on a regular basis by Gayhurst. If the parents are not able to be contacted, the pupil will be looked after in the medical room until such time that they can be collected.
- 4.13. Where an incident has occurred but the pupil does not require removal from school, parents will be informed either by telephone by the first aider, or via discussion at the end of the day/contact in the pupils' diary from the form

teacher. In the case of a severe injury parents will be notified directly. Any parent wishing to discuss an accident should initially contact the main office. See Medical Tracker screenshot in Appendix A

- 4.14. All first aid provision must be logged on Medical Tracker
- 4.15. Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) some accidents must be reported to the HSE (fatalities and specified injuries via the contact centre on 0845 300 99232 and all other matters via the online reporting tool on the HSE website). Reports will be made by the Bursar, Head or by another member of the Senior Leadership Team in their absence.
- 4.16. Appendix B provides information on the management of potential or current conditions within the school community.

5. Procedures for Parents

The procedures below should be followed by parents if their child is unwell.

5.1. Cough/cold/raised temperature

Children with temperatures should stay at home until 24 hours after they start to feel better, or the temperature has been reduced. Those with normal cold symptoms but not a temperature can attend school. Parents are encouraged not to mask temperatures with Calpol or similar medication, and to consider whether the child is physically well enough to be at school for a whole day.

A child with a minor cough or cold may attend school. If the cold is accompanied by a raised temperature, shivers or drowsiness, the child should stay off school and return to school 24 hours after they start to feel better. If a child has a more severe and long-lasting cough, their parents should consult their GP. They can give guidance on whether the child should stay off school.

5.2. Rash

Rashes can be the first sign of many infectious illnesses, such as chickenpox and measles. Children with these conditions should not attend school. If a child has a rash, parents should check with their GP or Practice Nurse before sending them to school.

5.3. Headache

A child with a minor headache does not usually need to be kept off school. If the headache is more severe or is accompanied by other symptoms, such as raised temperature or drowsiness, then parents should keep the child off school and consult their GP.

5.4. Vomiting and Diarrhoea

Children with these conditions should be kept off school. They can return 48 hours after their symptoms disappear. Most cases of vomiting or diarrhoea get better without treatment, but if symptoms persist, parents should consult their GP.

5.5. Sore Throat

A sore throat alone does not have to keep a child from school. If it is accompanied by a raised temperature, the child should stay at home

5.6. If a pupil is absent from school owing to illness, the parent should complete the absence form on MSP as soon as possible.

5.7. Where a child attends school obviously unfit they will be returned home, if practicable reminding parents of the above policy. Any infectious diseases must be reported to the office (including those had by staff); such information will be circulated with any person at specific risk (eg pregnant women) advised. In the event of a school closure advice will be taken from the Health Protection Agency.

6. Medical information

- 6.1. Information on pupil and staff medical conditions is sought upon entry to the school and retained on their confidential files. In the case of pupils, information on serious medical conditions may be held in the medical rooms and will be shared by the First aid administrator in order to ensure their needs are met - for example food allergy information will be provided to the catering contractor and held in the kitchen servery (including photographs of pupils with specific food allergies). Parents are required to keep the school informed of any changes to pupils' medical information.
- 6.2. Medical forms completed on entry to the school remain the responsibility of the pupils' parents to ensure this information remains current and accurate.
- 6.3. Staff are required to advise the Head/Bursar of any medical changes which may affect them at work, including changes to medication which may affect their working practice.

7. Medication

- 7.1. If a pupil brings medication into school for self- medication e.g. asthma inhalers, it is the parents' responsibility to ensure that they inform the school and that they understand the medication will be the responsibility of the child.
- 7.2. Gayhurst does permit the issue of medication to pupils on a voluntary basis. A parent/guardian wishing medication to be issued during the school day must provide it in the original container labelled with the child's name and dosage instructions to the main office. They will be required to complete a medication form/letter and the medication will be recorded on Medical Tracker. See

screenshot in Appendix A from Medical Tracker. For those on long term medication, a renewal letter must be provided at the start of the academic year.

Medication held at school is entered into the Medical Tracker software including the expiry date. Medical Tracker will flag any medication nearing its expiry date and this is then communicated to parents and a replacement requested.

- 7.3. Planning for offsite activities or trips follows the above; the likely first aid needs for those attending must be assessed and a first aid kit/first aider taken.

Appendix A:

Screenshots from Medical Tracker showing forms to complete for an injury, illness or medication use:

Injury



Student/Staff*

Name of first aider*

Incident date & time*

May 9, 2024 4:42 PM



Location of incident* ?

--- Please select locatio

Injured area*

--- Please select ---

Injury / Symptoms*

--- Please select ---

Injury description

Please provide as much information as possible

How it happened?*

--- Please select ---

More information

Referred by (staff member)

Treatment administered*

What happened next?*

--- Please select ---

notes

Confidential?

Only teams with confidential access will be able to view this record

Request accident/incident investigation?

RIDDOR reportable?

[If uncertain, please read HSE guidance](#)

Save

Cancel

Illness



Student/Staff*

Name of first aider*


Incident date & time*

Symptoms*

Location of incident* ?

Feeling unwell description

Referred by (staff member)

Treatment administered*

What happened next?*

notes

Confidential?

Only teams with confidential access will be able to view this record

Record Medication Use



Student/Staff*

Medication use date & time*

May 9, 2024 4:55 PM



Name of medication*

Exact dosage administered*

Medication administered by*

— Please select —



Staff name

Second staff name

Any side effects experienced?

Notes

Confidential?

Only teams with confidential access will be able to view this record

Save

Cancel

Appendix B:

Information sheet regarding the management of common medical conditions within Gayhurst School:

Asthma attack procedure

Introduction

In an asthma attack the muscles of the **air passages** in the lungs go into **spasm** and the **linings** of the airways **swell**. As a result, the airways become **narrowed** and **breathing becomes difficult**. Sometimes there is a specific trigger for an asthma attack such as:

- an allergy
- a cold
- smoke
- extremes of temperature
- exercise

Children with asthma usually deal well with their own attacks by using their blue **reliever inhaler**, however you may be required to assist a child having an asthma attack or having an attack for the first time. If this is the case contact the nearest first aider.

Recognition features

- Difficulty in breathing.

There may also be:

- wheezing as the casualty breathes out
- difficulty speaking and whispering
- distress and anxiety
- coughing
- features of hypoxia, such as a grey-blue tinge to the lips, earlobes and nailbeds (cyanosis).

Treatment:

Your aims during an asthma attack are to ease the breathing and if necessary get medical help: You need to keep the child calm and reassure them.

If an inhaler is needed the parents should inform the school; an asthma form supplying information of dosage is required.

Pupils are required to have TWO inhalers at school. Both should be clearly named.

Prep School

Year 3 pupils' inhalers will be stored in the main first aid room.

Year 4 and above: one inhaler is carried by the pupil at all times.

A list of pupils requiring inhalers is posted on the board in the Staff Room. The Games staff are responsible for collecting inhalers from pupils/main first aid room at the beginning of Games lessons so that they can be taken to Pease Field along with the First Aid bag. The inhaler should be returned to the pupil at the end of the lesson. The same procedure applies when a pupil is taking part in a match either at home or away.

The second inhaler (if prescribed) is kept in the School Office for use in an emergency. There is also a school inhaler for use in an emergency if a child's inhaler has been mislaid or is empty.

Pre-Prep School -

One inhaler is kept in the classroom. and a school inhaler is kept in the Pre-Prep School first aid room.

All inhalers are given to Games staff at the beginning of Games lessons so that they can be safely looked after along with the First Aid bag. These are returned at the end of the lesson. The same procedure applies if the pupil is taking part in an away match.

Auto-injectors - please also see the anti allergy policy

Parents should inform the school if their child requires an auto-injector. Staff are trained in auto-injector use. In prep school pupils' auto-injectors are kept in the main first aid room, in the Pre-Prep School one auto-injector is kept by the child's form teacher. A school auto-injector is kept in the main first aid room and in the Pre-Prep School first aid room and there are also spares at points around the school site.

Diabetes

Parents should inform the school of the specific nature of their child's condition and any requirements during the school day. Staff will receive training in diabetes management. Support likely to be required includes support for blood glucose monitoring, a readily accessible and private area for the child to self-medicate or be supported in medicating, emergency supply box (contents to be supplied by parents) and assistance with dietary management

Hypoglycaemia (low blood sugar) attack procedure

When the blood-sugar level falls below normal (hypoglycaemia) brain function is affected. This problem is sometimes recognised by a rapidly deteriorating level of response. Hypoglycaemia can occur in people with diabetes mellitus and, more rarely, appear with an epileptic seizure it can also complicate heat exhaustion or hypothermia.

Recognition features

There may be:

- A history of diabetes; the child or adult may recognise the onset of a "hypo" attack
- Weakness, faintness, or hunger
- Palpitations and muscle tremors
- Strange actions or behaviour; the casualty may seem confused or belligerent
- Sweating and cold, clammy skin
- Pulse may be rapid and strong
- Deteriorating level of response
- Diabetic's warning card, glucose gel, tablets, or an insulin syringe in child or adult's possessions.

The aim is to raise the sugar content of the blood as quickly as possible.

Contact the nearest first aider and school office as soon as possible by whatever means without leaving the child or adult affected.

Help the casualty to sit down.

If they have their own glucose gel, help them to take it. If not, give them up to the equivalent of 10g of glucose, e.g. a 100ml glass of non-diet fizzy drink or fruit juice, two teaspoons of sugar or sugary sweets.

If they improve quickly, let them rest.

If they don't improve look for other causes. The first aider, office staff or person treating the child or adult should dial 999 or 112 and monitor breathing, pulse and level of response.

Warning! If their consciousness is impaired don't give them anything to eat or drink as they may not be able to swallow or drink it properly.

If the casualty is unconscious:

The first aider treating the child or adult should open the airway and check breathing.

Give chest compressions and rescue breaths if necessary.

If the patient loses consciousness but is still breathing normally they should be placed in the recovery position and an ambulance should be called (dial 999 or 112).

Information relating to the nature of the attack should be given to the emergency services when they arrive

Epilepsy

Parents should inform the school of the specific nature of their child's condition and any support needs.

Epilepsy Seizure procedure:

If a child or adult has a seizure where they shake or jerk (a convulsive seizure). These are ten steps to take.

Though it can be frightening to see, this type of seizure is not usually a medical emergency. Usually, once the convulsions have stopped, the person recovers and their breathing goes back to normal. However, contact the school office and the nearest first aider as soon as possible by whatever means without leaving the person.

What to do:

1. **Stay calm.** Disperse any crowds.
2. **Look around** - is the person in a dangerous place? If not, don't move them.
3. Move objects like furniture away from them.
4. **Note the time** the seizure starts.
5. **Stay with them.** If they don't collapse but seem blank or confused, gently guide them away from any danger. Speak quietly and calmly.
6. **Cushion their head** with something soft if they have collapsed to the ground.
7. **Don't hold them down.**
8. **Don't put anything in their mouth.**
9. **Check the time again.** If a convulsive (shaking) seizure doesn't stop after 5 minutes an ambulance should be called by the office, first aider or whoever is dealing with the emergency. (Dial 999).

After the seizure has stopped, put them into the recovery position and check that their breathing is returning to normal. Gently check their mouth to see

1. that nothing is blocking their airway such as food or false teeth. If their breathing sounds difficult after the seizure has stopped the ambulance should be called.
2. **Stay with them until they are fully recovered.**

If they are injured, or they have another seizure without recovering fully from the first seizure, an ambulance should be called.