

First Aid Policy (A7)

Scope:	Whole School (Including Boarding)
Release date:	November 2025
Author:	Health & Safety Advisor / School Nurse
Reviewer:	Senior Deputy Heads
Approval body:	Board of Directors <i>(released pending ratification at Lent Term FComm Board Meeting)</i>
Review date	November 2026

Linked documents

This Policy should be read in conjunction with the following published documents:

- Health and Safety Policy (A9)
- Medical Policy (Internal)

Definition

- First Aid - The initial assistance given to a sick or injured person until full medical treatment is available.
- First Aider - Those members of the school community who are in possession of an Emergency or First Aid at Work certificate or equivalent.

Summary of updates

November 2025	Removal of references to Operation Services Team Leader (OSTL) and replacement with Cleaning Supervisor, where necessary. Removal of references to Head of HR. Added reference to Mrs Stacey Speed (Pupil Services staff) Amendment from Deputy Head Pastoral to Senior Deputy Head reference. Inclusion of legal update regarding required paediatric first aid staffing levels. Addition of PFA as an acronym. All links to health and safety documents on T drive, replaced with links to health and safety documents now held on Teams. Reference to pupil facing staff included within the risk assessment.
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Acronyms

D&T	Design and Technology
CLEAPSS	Consortium of Local Education Authorities for the Provision of Science Services
CPD	Continuing Professional Development
CPC	Certificate of Professional Competence
CoSHH	Control of Substances Hazardous to Health
EVC	Educational Visits Coordinator
EYFS	Early Years Foundation Stage
H&S	Health and Safety
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
PPE	Personal Protective Equipment
PFA	Paediatric First Aider
HOD	Head of Department
Physio	Physiotherapist
DofE	Duke of Edinburgh Award

Availability

This Policy is available to parents and prospective parents on the school website, and a printed copy may be requested from the school office / Pupil Services Team.

Roles and Staff

Role Definition

Staff - every member of staff, whether paid or unpaid, including volunteers, agency or supply staff, Directors and Advisory Committee members.

Current Personnel

Mrs Hannah Ryan – School Nurse (ext 0381 / 7007)

Mrs Tracy Kimber – Pupil Services Data Administrator (ext 0279)

Mrs Stacey Speed – Pupil Services (ext 0200)

Mrs Jackie Burnham – Cleaning Supervisor (ext 7017)

Mrs Gilly Staley – H&S Advisor (ext 0272)

Mrs Claire Taylor - Sports Physio (ext 0290)

Scope

This Policy applies to all departments of the Wisbech Grammar School Senior School (including Boarding), the Prep School and EYFS Department.

Breadth

This Policy states the arrangements in place for providing first aid support across the campus, for pupils (including boarders) from EYFS up to Upper 6th form, to staff and visitors to the school as necessary.

Aim

The aim of this Policy is to ensure that:

- We are able to meet our responsibilities under the Health and Safety (First Aid) Regulations 1981 and under the requirements set down by the Department for Education, and under the National Minimum Standards for Boarding,
- Appropriate first aid arrangements and information about those arrangements are in place for our pupils, staff and any visitors to our premises,
- We have enough and sufficiently trained employees to meet our needs across the school, ensuring that first aid assistance can be sought during working hours,
- We maintain an adequate supply of first aid equipment.
- We have sufficient trained paediatric first aiders, who are required for pupils in the Prep School,

Responsibilities

Heads of Department (HODS)

- Will ensure that the first aid arrangements for their department, as noted in the risk assessment table below, meet their requirements. If they do not, HODS should contact the Health and Safety Advisor.

First Aid Personnel

- Respond promptly to requests for assistance if able,
- Summon further help, if necessary,
- Look after the casualty until recovery has taken place or further medical assistance has arrived,
- Report any accident/incident which led to the first aid being necessary on an accident/incident form, reporting details of any treatment provided.
- Following their training as given,
- Ensure that if dealing with a pupil who then needs to go to hospital with a member of staff but without their parent/guardian (due to the parent/guardian being unavailable or uncontactable), the confidential medical information which the school holds for them travels with them to hospital to inform the medical staff of issues known to the school,
- Ensure that parents are informed without delay, if deemed necessary.

Pupil Services First Aiders

Responsibilities include all listed above for First Aid Personnel but additionally they must:

- Ensure that they always obtain the history relating to a pupil not feeling well, particularly in the cases of headaches, to ensure that no injury or trauma has caused the pupil to feel unwell,
- If a pupil feels unwell due to an injury or trauma advice should be sought from the School Nurse or Physio (although usually only in the event of a head injury). If unavailable, parents should be advised to seek medical advice from their GP or A&E depending upon severity.
- Ensure that parents are informed without delay if deemed necessary.

School Nurse

- Will be supported administratively by the **Pupil Services Data Administrator**,
- At the beginning of each academic year ensure that relevant staff are aware of pupils with medical conditions, as appropriate,
- Update the medical charts displaying pupils who may require emergency treatment relating to a condition at least annually,
- Offer advice and assistance to First Aiders as needed,
- Organise suitable first aid training for chosen staff, with an in-house trainer. Where training is undertaken externally, the School Nurse/Pupil Services Data Administrator will check that this is being booked and undertaken within the necessary timescale by the staff member concerned.

- Work as part of the Health and Safety Committee attending termly meetings to monitor First Aid Provision within School.
- Will be supported for practical training and for advice on injuries/head injuries by the **School Physio.**

All Staff will

- Familiarise themselves with the first aid procedures in operation. They will also ensure that they know who the current First Aiders are,
- Be aware of specific medical details of individual pupils when publicised by the School Nurse, if working in a pupil facing role.
- Never move a casualty until they have first been assessed by a qualified First Aider, unless the casualty is in immediate danger,
- Ask for help, via Pupil Services as soon as possible either by person or telephone, ensuring that the messenger knows the precise location of the casualty,
- Ensure that parents of pupils, or emergency contacts of staff are informed without delay, if deemed necessary,
- Reassure, but never treat a casualty unless in possession of a valid first aid certificate or knowing the correct procedures. Such staff can start emergency aid until a First Aider arrives at the scene.
- Have regard to personal safety,
- Report all accidents/incidents on the correct accident/incident form. [Accident, incident or near miss reporting](#)
- **All Pupil Facing Staff will additionally**
- Ensure that their pupils/tutees are aware of the first aid procedures in operation,
- Send a pupil who has minor injuries to Pupil Services, if they can walk, where they will be seen; this pupil should be accompanied,
- Send a pupil who feels generally 'unwell' to Pupil Services, unless their deterioration seems uncharacteristic and is causing concern. Contact Pupil Services/School Nurse if concerned,
- Ensure that they have a current medical consent form (including contact details of each pupil's own GP) for every pupil that they take out on a school trip that indicates any specific conditions or medications of which they should be aware,
- Call the Pupil Services First Aider, unless they are a first aider themselves, to treat any injured pupil. This should be done by telephone on 01945 583631 or on the internal system by dialing '0',
- Support the staff/First Aiders in calling for an ambulance or contacting relatives in an emergency.

Policy Procedure

The following are general first aid related procedures to be followed by staff:

- If you are aware that an employee, pupil or visitor has been ill, or has had an accident, follow the responsibilities listed below. You should not attempt to give first aid treatment yourself unless you have been trained to.
- The individual concerned should be taken to the nearest available First Aider. If there is no one able to assist in the immediate vicinity, the individual should be taken to Pupil Services Reception.
- Pupil Services is the first point of call for all casualties if no First Aider is immediately available.
- First Aid trained Pupil Services staff will then facilitate First Aid for the casualty as necessary.
- As a general rule, we ask parents to take any child who requires hospital treatment to hospital, as we cannot guarantee which hospital is the preferred one (geographically for the family) nor can we guarantee how long any pupil and staff members will be required to stay at hospital for.
- Should this not be possible or there is likely to be a significant delay in parents collecting the pupil, all employees are insured to carry pupils and other employees to hospital in their cars under the school's insurance, under these circumstances.
- Car journeys to hospital should only be undertaken if the patient is medically fit enough to be transported in this manner, with or without another employee to assist. If in doubt, please call an ambulance.
- If an ambulance is called for, please ensure the correct address is given (e.g., Chapel Road PE13 1RH or North Brink) and if possible, a member of staff is designated to go out and meet them to direct them to the appropriate place. You should also consider giving them a What3Words address, which is accurate to within 3 square meters. Emergency services must be given accurate instructions on where to report to reduce any delay in finding the casualty.
- If you need to access a first aid kit for personal use, do not remove it from its designated place.
- Any loss or damage to first aid equipment must be reported to the Cleaning Supervisor or the School Nurse.
- If a first aid kit is poorly stocked, this should also be reported to the Cleaning Supervisor. All of the main School vehicles carry a first aid box, with additional eye wash. These vehicles include our minibuses, Tourneos and tractors.

Head Injuries

- If a pupil in Senior School has a head injury that is thought to be in any way significant (i.e. would not be reported on a near-miss form only), parents must be informed of this. Additionally, the School Nurse or School Physio should be called to check the child and report the incident to parents immediately, unless already informed. Head injuries should be logged on Return2Play where appropriate, after a thorough assessment.
- If the child is in the Prep School, both significant and insignificant incidents (e.g., near-misses) should be reported to parents. Additionally, if significant (i.e. not being reported on a near-miss form) the School Nurse or School Physio should be called to check the child and report the incident to parents immediately, unless already informed. Head injuries should be logged on Return2Play where appropriate, after a thorough assessment. Prep pupils will also be given a sticker to wear following any type of head injury.
- Please also refer to the Head Injury protocol found in Appendix J for further guidance on the management of head injuries.

Additional Procedures Specific to the Boarding Houses

During the school day, boarding pupils will receive first aid if required, using the same procedure as for day pupils. Out of school hours first aid will be provided by Boarding Staff using facilities and equipment within the Boarding House.

Additional Procedures Specific to the Prep School

At all times there will be a Classroom Assistant on duty to deal with any first aid problems. Details of the named person are included in the daily duty-rota.

Types of Injuries/Issues

- Where a child presents themselves as unwell, an initial assessment of their condition is made, and they may then be monitored in Pupil Services for a period. If deemed necessary, the parent(s) are contacted to collect the pupil and take them home,
- Where a pupil is vomiting (with or without diarrhoea), the parent(s) is/are contacted as a matter of course and asked to collect their child. The parent(s) is/are then asked to keep their child at home for at least 48 hours (about 2 days) AFTER the last episode.
- Headaches - paracetamol should be offered after other methods of treatment have been considered/implemented such as increasing fluid intake, rest, or fresh air, **only** if parents have given their verbal consent, by phone or in person, on request of Pupil Services staff or School Nurse. Administration is recorded on SIMS in medical events with time medication has been given. Pupils must be witnessed taking any medication.
- Where a pupil presents with a rash they are placed in the nearest available medical room and an assessment is made. If deemed necessary, the pupil's parents/guardians are contacted.

Accidents/incidents

All near-misses should also be recorded on the appropriate near miss form. This form is used for accidents/incidents that either did not cause injury but could have or have caused a very minor injury such as a bruise or minor scratch.

Where a more serious accident/incident has occurred involving pupil(s), staff, parents or other adults, the details of the accident/incident are recorded on a specific form and given to the appropriate member of staff, as detailed on the top of the form.

The Parent/School Contract

A medical form, outlining past and current medical problems, including allergies and present treatment, is sent to each parent to complete before the pupil commences at the school. The Parent/School Contract (clause 7.3) also requires that parents sign to acknowledge parental consent for emergency treatment.

Staff Training

All staff undertaking first aid duties on behalf of the School will be given full training in accordance with current legal requirements.

Staff are briefed on first aid procedures at their initial induction to the school, by the H&S Advisor and School Nurse. It is also noted in the [Health and Safety](#) Policy.

All internal training is organised by the School Nurse/Pupil Services Data Administrator, and they will ensure that we have sufficient, suitably trained staff (where under their control) for the School.

Where external training is undertaken, the School Nurse/ Pupil Services Data Administrator will check to make sure that the training is being undertaken within the relevant timescale. Where there are queries relating to either internal or external first aid training, the School Nurse/ Pupil Services Data Administrator will speak to the H&S Advisor and/or the HOD/staff member in charge of the activity in question.

First aid training for staff is undertaken on a voluntary basis, unless the requirement forms part of their job role (usually noted on a Job Description) and as such, forms part of their contract of employment at the School. As such, this document will be adhered to, if staff do not object to being trained. Where they do however, we will risk assess to ensure that we still have sufficient and appropriate first aid cover.

Internal training - all staff who undertake either the 1-day Emergency First Aid or the 3-day First Aid at Work course are trained by our school physio, who is a fully qualified first aid trainer.

External training – some of our staff may undertake first aid courses with other providers, for instance, if as part of their CPC as drivers, or if required by the relevant governing body for DofE or certain sports for instance.

Training Levels

The School provides various levels of first aid training for staff. N.B. unless specified, the training received is in adult first aid.

First Aiders

(Internal) receive the 3-day First Aid at Work course. A small number of staff will be trained to this level and then retrained at 3-year intervals. They may also be refreshed during the 3-year cycle. These staff are:

- Pupil Services staff,
- School Nurse,
- School Physio,
- Two members of the on-site residential staff.

These people may also receive regular refresher training through attendance at an Emergency First Aid at Work course.

Emergency First Aiders

(Internal) receive the 1-day Emergency First Aid at Work course. Staff who receive this training are retrained every 3 years.

Paediatric First Aiders

(Internal). In addition to the adult training, a small number of staff will be trained in paediatric first aid, as an addition to the 1-day Emergency First Aid or the 3-day First Aid at Work course. This is then retrained at 3-year intervals. These staff are:

- Pupil Services staff,
- All pupil-facing staff working in the Prep School.

Legal update regarding Paediatric First Aiders

There were new requirements brought in under the statutory EYFS framework on 1 September 2025.

These are as follows:

- At least one staff member with a current PFA certificate must be on-site at all times and must accompany children on outings.
- Staff who obtained Level 2 or Level 3 childcare qualifications since 30 June 2016 must gain a PFA certificate within three months of starting work to count in staff-to-child ratios. Staff who followed experience-based routes must also obtain a PFA certificate.
- A staff member with a current PFA certificate must be present at all times with pupils, and specifically during meal times, with scrutiny on food allergies and choking.

Specific and/or additional first aid training relevant to a specific activity/event

- The Sports Department have Sports First Aid training (internal),
- If we do not outsource to an external company for Gold DofE, the Leader will need to have Outdoor First Aid training, and also have a Mountain Leader qualification, both of which are external qualifications,
- Our drivers may have emergency aid training as part of their CPC (external).

Where necessary, all line managers are expected to reorganise working hours to enable staff to attend. The School will do its best to ensure that sufficient notice of initial training courses and refreshers is given to managers to assist with planning.

Staff who administer first aid according to their training in the course of their employment, would be covered by the School's Employer's Liability Insurance.

The Legal Position

We are required to report any serious injuries, accidents, dangerous occurrences or diseases to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Under these regulations we must report the following:

- Deaths,
- Specified injuries,
- Over 7-day injuries,
- An accident-causing injury to pupils, members of the public or other people not at work, under certain circumstances,
- A specified dangerous occurrence, where something happened which did not result in an injury but could have.

Our duty to provide first aid at work is governed by the Health and Safety (First Aid) Regulations 1981. These require us to carry out a risk assessment to determine what first aid facilities and personnel are necessary to meet the needs of our business. We are also required to review this assessment periodically to ensure that current provision is adequate. To comply with these Regulations, our assessment has considered several factors, including the following:

- Type of department,
- Type of activities run by or within any given department,
- Buildings layout,
- Proximity of School buildings (or school community) to emergency medical services,
- Needs of travelling and/or lone workers,
- Provision during term time and holiday time,
- Type of skills likely to be required by both teaching and support staff.

We are also affected by the duties held within the National Minimum Standards for Boarding, DfE Guidance on First Aid and ISI expectations; however, they also only specify the minimums required and hence we use risk assessment to identify suitable control measures.

We have ensured access to a fully automated AED (Defibrillator) for staff or trusted person to use within the chair store/annexe in Skelton Hall.

We have assessed that each department or activity requires the control measures noted below to be in place in order to reduce the residual risk to an acceptable level.

Appendix A: Whole School First Aid Risk Assessment

Department	Specific Risk/Risk Level	Internal or external training	Control Measures Level of training required by at least one staff member in each school area. <i>Any additional control measures required?</i>
Physio	All injury types, although generally sports related.	External – Train the Trainer, with recertification activities required at 1- and 3-year points.	3-day First Aid at Work Trainer, plus other qualifications in immediate emergency aid. <i>Most highly trained first aider on site in addition to being a qualified physiotherapist.</i>
School Nurse	All injury types	Internal	3-day First Aid at Work with paediatric and annual refresher. <i>Additionally, highly trained paediatric nurse.</i>
Pupil Services	All injury types	Internal	3-day First Aid at Work with Paediatric First Aid. Refresher whenever able to join one of the training sessions, but the aim is for annual. <i>N.B. Pupil Services are our back-up first aid cover for all school hours sessions and as such, must ensure that they remain refreshed on their first aid training.</i>
Staff who are pupil facing	All injury types	Internal	1-day Emergency First Aid at Work <i>The number of trained staff will depend on the distribution of staff, number and distribution of currently trained staff within their area/department and hours of working of their area/department.</i> <i>Lower risk departments will have lower numbers or share with other lower risk departments and higher risk departments will have higher numbers.</i> 3-day First Aid at Work with paediatric and annual refresher. <i>For paediatric staff working with children and at a ratio as required by the DfE.</i>
Two staff with on-site living status 1. Deputy Head of Boarding and 2. Live-in Custodian with additional duties	All injury types	Internal	3-day First Aid at Work with Paediatric First Aid. Refresher whenever able to join one of the training sessions, but the aim is for annual.
Trips/activities - likely off-site activities/trips or higher-risk activities	All injury types, but also including falls, heat exhaustion, contact with water, hypothermia, road accidents	External - Outdoor First Aid (DofE Gold)	2-day Outdoor First Aid, or any other specific first aid training as required <i>On any higher risk outdoor trip (e.g., DofE Gold) additional first aid training is required by the relevant governing body. First Aider provision is examined for each trip by the trip organiser as part of the risk assessment for the trip and additionally checked by the EVC. Gold DofE trips will usually be led by suitably qualified external companies.</i>

			<i>First aid kits should include all relevant and additional items such as foil survival blankets and heat packs plus any other items considered necessary by the Activity Leader/Head of Department. These requirements can also be discussed with the School Nurse if necessary.</i>
Operations Services (Custodians)	Lone work, work with chemicals	Internal	1-day Emergency First Aid at Work, refreshed annually. <i>N.B. Custodians are our back-up first aid cover for all out of hours events and as such, must ensure that they remain refreshed on their first aid training.</i>
Trips/activities - on or off-site activities/trips low to higher-risk activities	All injury types	Internal for low-risk trips	1-day Emergency First Aid at Work <i>On each low-risk school trip (e.g. theatre visit) there must be at least 1 emergency first aider. Where the trip splits into smaller groups, more staff first aiders will be required.</i>
Staff who are not pupil facing (mainly admin)	Lower risk, although do occasionally have lone working	Internal	1-day Emergency First Aid at Work <i>The number of trained staff will depend on the distribution of staff and hours of working of their area.</i>
D&T	Higher risk activities	Internal	1-day Emergency First Aid at Work <i>For at least 1 but preferably 2 staff in the department.</i> <i>Eye washes and burns dressings in first aid boxes plus any other items considered necessary by the HOD.</i>
Estates	Higher risk activities, lone work	Internal	1-day Emergency First Aid at Work <i>At least 2 members of the team, including any staff who regularly carry out lone work (e.g., weekend working).</i> <i>Estates and Grounds vehicles must carry first aid kits and eye washes.</i> <i>First aid kits must contain all necessary items for work being carried out.</i>
F&N	Higher risk activities	Internal	1-day Emergency First Aid at Work. <i>Main teaching member of staff should be trained if possible.</i> <i>Blue plasters and burns dressings additionally supplied in First Aid Boxes.</i> <i>A shower head available to assist with treatment of burns if needed.</i>
Drivers	Higher risk activities plus only staff member	Internal if possible, and if not, externally provided as part of CPC training.	1-day Emergency First Aid at Work (internal) or 1 day Emergency Aid (external) <i>All school vehicles must carry a first aid kit.</i>
Sciences	Higher risk activities	Internal	1-day Emergency First Aid at Work. <i>For at least 1 but preferably more staff in the department.</i>

			<i>Eye washes and burns dressings in first aid boxes plus any other items considered necessary by the Head of Department.</i>
Art and Textiles	Higher risk activities	Internal	1-day Emergency First Aid at Work. <i>For at least 1 but preferably more staff in the department.</i> <i>Eye washes in first aid boxes if cannot guarantee face access to a tap, plus any other items considered necessary by the Head of Department.</i>
Sport (on and off site)	Higher risk activities	Internal – additional sports training provided by physio/first aid trainer. External training undertaken if required by the Governing body and not able to be provided by the physio/first aid trainer.	1-day Emergency First Aid at Work with additional sports related training, plus any further First Aid training advised or required by the relevant sporting body. <i>The majority of sports staff should be trained in first aid.</i> <i>Additional items within first aid boxes should include ice packs and sprays plus any other items considered necessary by the Head of Department.</i> <i>Each member of sports staff has their own First Aid Kit Bag which they are responsible for maintaining. Additional supplies obtained from School Physio. AED close by in Skelton Hall chair storeroom. AED also available at the Hudson Leisure Centre.</i>
Catering	Higher risk activities, lone work	Internal	1-day Emergency First Aid at Work <i>For at least 1 but preferably 2 staff in the department</i> <i>First aid kit should contain burns dressings, eye washes and many additional dressings and catering plasters. The kit may also contain any other items considered necessary by the Executive Chef.</i>
Marketing and Admissions	Lower risk, although working with wide groups for events	Internal	1-day Emergency First Aid at Work <i>May cover external events with little staff support (apart from Custodians)</i>
Operations Services (Cleaning/ Housekeeping)	Lone work, work with chemicals	Internal	1-day Emergency First Aid at Work <i>For the on-site manager and/or Custodian on duty and one of the evening cleaning team.</i> <i>Staff members must know where first aid kits are held in their relevant departments.</i> <i>Where work may not be carried out in easy reach of a first aid box, one must be carried with the staff member.</i>
Lone workers (general)	Falling ill or being injured whilst alone at work.	Internal	1-day Emergency First Aid at Work <i>Where work may not be carried out in easy reach of a first aid box, one must be carried with the lone worker, i.e., within the vehicle being used to access remote area.</i>

Boarding Staff	All injury types	Internal	1-day Emergency First Aid at Work <i>Boarding staff also receive additional training as required to support pupils.</i>
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Please note, each Department can amend the arrangements for first aid within their area depending upon the perceived risk and additional controls required. Please notify the School Nurse/H&S Advisor of any changes or requirements.

Appendix B: Medical Information

All parents are required to complete a medical form when their child is admitted to the school, giving details of any existing conditions, allergies (e.g., dietary) or regular medication.

We also obtain relevant information about the medical requirements of children who come to the school for an assessment or to attend a Taster/Open Day. For these events, pupils with medical needs are highlighted to the School Nurse and Class Teacher in advance and the School Nurse will contact the parent/guardian in order to ensure that we have all necessary information in advance of their visit.

For pupils who are admitted, their information is then entered into SIMS and kept confidentially within the pupil's file. Some children may have specific medical needs that may necessitate the use of emergency treatment e.g., administering an adrenaline pen. Charts detailing these pupils are kept within the following areas:

- Pupil Services,
- School Nurse Office,
- Skelton Hall Office,
- Staff Common Room,
- Staff Work Room,
- Prep School staff Room,
- Food and Nutrition Room (only accessible by staff not pupils),
- All 3 Science office rooms (only accessible by staff not pupils),
- Custodian Office,
- Sports Office,
- Hazel House,
- Warren House,
- The Medical Annexe.

Staff are briefed as necessary and are provided with details of specific medical needs for pupils in their classes. If you are unfamiliar with any medical conditions, please ask the School Nurse.

If children return to school following an illness and need to continue taking medication, their parents must complete a consent form giving the school permission to administer these medicines in loco parentis. Such medicines will be kept securely in the medicine cupboard in Pupil Services or in the fridge if required (which is in Pupil Services medical room or with the School Nurse in the Medical Annexe fridge).

Designated staff only will supervise the administration of these; they receive medication training via OPUS and are required to have refresher training every 2 years. All medicines given must be witnessed, the form signed, dated, and the time of administration recorded by the administering staff. Medicines must never be kept within a first aid kit.

Appendix C: Whole School Arrangements

First Aid Treatment areas

There are two medical areas; one is located next to Pupil Services, where there are adjacent toilets, and the second, the Medical Annexe, is located off the main car park.

First aid can either be administered at the location of the pupil injury (e.g. on sports pitch) or in either of the medical areas noted above. Only one ill/injured pupil should be in the Pupil Services medical room at a time to ensure the individual's privacy and confidentiality and to maintain good infection control practices.

If an individual is placed in either of the school medical areas, Pupil Services must be made aware to provide additional support if needed and to ensure evacuation in the event of a fire alarm.

N.B. If the person concerned has a severe injury or issue, they should be dealt with in situ and assistance called for as appropriate. Care must be taken to provide the individual with as much privacy and dignity as possible in any given situation.

Infection Control

First Aiders must ensure that they take precautions to avoid infection and must follow basic hand hygiene procedures as instructed in their training.

All first aid kits and medical rooms have gloves and small clinical waste bags that must be used when administering first aid.

Any clinical waste, including used dressings or items containing bodily fluid must be placed in a bag and go into the clinical waste bin within the Pupil Services medical room or Nurse Annexe Office. Items can be transferred through the school and be placed within either bin as long as they are in a sealed bag during transport.

If any bodily fluids are spilt onto carpets or upholstery a member of the Custodian team must be contacted to dispose and clean of this. Custodians hold appropriate spill kits for this purpose.

Should an individual experience diarrhoea or vomiting, the Cleaning Supervisor or cleaner in that area must be informed to arrange for the affected areas to be thoroughly cleaned to minimise any risk of infection. Whilst awaiting cleaning, this area should not be used; toilet cubicles, for example, would need to be displayed as out of use.

Please see Appendix K for information regarding disposal of sharps.

First Aid Recording

All first aider visits or treatments must be recorded on the appropriate Accident/Incident or relevant Near Miss or Minor Injuries form (shown in Appendices G, H and I) [Accident, incident or near miss reporting](#). These forms must be completed as thoroughly as possible and must include the date/time and any first aid given. They should then be dealt with as detailed on the form.

AED/Defibrillator and Allergy Response Box

The School has an AED/Defibrillator located in the storeroom of Skelton Hall for use on any person on the school premises who may require it.

The defibrillator is a fully automatic machine and hence is designed to be used without training. The school regularly shows the basic training DVD associated with the unit at inset training however and it is also located in the [Defibrillator information](#) for staff to access and watch as a refresher at any time. There is some additional information held there to remind staff of the key issues to remember.

Children aged 7 and over should have adult pads used to ensure that the shock delivered is sufficient for the child. Children under the age of 7 should have paediatric pads applied. If in doubt however, e.g. large/tall child where the exact age is unknown, but presumed 6, adult pads can be used, as although the child may experience a mild burn, using a paediatric pad on a larger/older child can result in insufficient charge reaching the heart.

Alongside the AED is a kit containing gloves, a pocket mask, pair of scissors, razor, and wipe. There is also a clipboard containing useful quick reference sheets.

The AED is maintained by the School Nurse. The School Nurse is responsible for ensuring that items are in date and replaced as needed.

Weekly checks are made by the School Nurse during term time and by the Cleaning Supervisor during school holidays.

There are 2 Allergy Response Boxes, that contains 2 emergency adrenalin pens, located next to the AED in the dining hall (Skelton Hall). Two adrenaline pens (i.e. one set) are for children aged under 6 years and under 25kg, and a second set are for those children aged 6 years and above and who weigh over 25kg. Another 2 allergy response boxes are in pupil services' main reception on the wall which contain 2 adrenaline pens of each dose in separate boxes.

Visitors

It is our policy to offer first aid assistance to visitors to our premises. Should a visitor feel unwell or have an accident, then the employee supervising their visit should call for a first aider. If the visitor has had an accident, the employee dealing with the incident is responsible for ensuring that an Accident/Incident Record form is completed at Pupil Services.

Appendix D: First Aid Boxes

Locations

As the School is comprised of several buildings there are many First Aid Boxes around the site to ensure that one is always easily accessible. There are 43 across the campus. See Appendix E for exact locations. All boxes are marked with a white cross on a green background.

Content

There is no standard list of items which must be held in a first aid box, however there is an HSE/BS 8599 standard guidance which can be followed if suitable for the department or area concerned. N.B. All first aid boxes contain suitable disposable gloves. All gloves are vinyl and latex free.

The choice and number of items in the box need to be suitable for the risks in each department. Appendix A shows the Whole School First Aid Risk Assessment, however, additional risks can be identified by individual departments, and this can then be used to amend the choice of contents. For instance, a department may need lots of plasters, only one triangular bandage but may need additional items such as eye washes or burns dressings.

As a basic guide and where there is no special risk, the minimum stock of first-aid items in a low-risk department (as advised by the HSE) could be:

- A leaflet giving general guidance on first aid, e.g., HSE leaflet Basic advice on first aid at work,
- 20 plasters of varying useful sizes,
- Two slings (preferably sterile),
- One pack of gauze swabs,
- Two sterile eye pads,
- Four individually wrapped triangular bandages (preferably sterile),
- Six safety pins,
- Six medium-sized (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings,
- Two large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings,
- One pair of disposable gloves.

Depending upon the department type and risks associated, you could also consider including the following:

- A disposable ice pack,
- An eye wash,
- Scissors which can cut through thick fabric,
- Burns dressings,
- Foil survival blanket,
- A resuscitation face shield,
- Nitrile gloves (medical gloves which are more resistant to puncture),
- Adhesive tape.

Tablets or medicines should not be kept in a first aid box.

Eye washes are not routinely kept in or near to a first aid box but should be used whenever a risk to eye health is present and a mains water tap is not or might not be in the immediate vicinity (in the event of mobile working). Wherever eye risks are present away from a tap, an eye wash should be provided.

First Aid containers are checked termly by the Cleaning Supervisor. For a precise list of First Aid container contents please see the Cleaning Supervisor.

When an item from a First Aid Kit is used or a kit found to be low on supplies, the Cleaning Supervisor needs to be informed to replenish stock. Additional stock is also held by the School Nurse and the School Physiotherapist.

Any expired First Aid items are passed on to the School Nurse to use for training.

Travelling First Aid Bags

The School Nurse holds First Aid Kits that can be booked to take on School trips if needed. These need to be requested in advance to ensure their availability and to obtain any additional items that may be required according to the risk assessment for a specific trip.

Sports staff each have their own First Aid Kit Bag supplied by the School Physio. Each member of staff is responsible for maintaining their own kit bag; additional supplies can be obtained from the School Physio.

School Vehicles

The School Minibuses and Grounds tractors all have a fully stocked First Aid Kit accessible inside. These are also maintained by the Cleaning Supervisor. All vehicle kits have eye washes.

Appendix E: Qualified First Aid Staff & Location of First Aid Boxes

First Aid at Work (3-day course) – the following people are trained to this level:

C Taylor (Physiotherapist), H Ryan (School Nurse), M Deller, T Kimber, S Speed, K Welbourn

Emergency First Aid at Work (1 day course) – the following people are trained to this level.

Senior School

- T Ablett
- M Austin
- C Barnes
- M Barrington
- G Beck
- K Bradley
- E Clifton
- C Cole
- E Coleridge
- D Cook
- M Deller
- E Dunford
- P Edgeller
- M Edwards
- L Feaviour
- J Freear
- D Garfoot
- A Glover
- M Goodley
- J Gomm
- M Goodley
- K Harrison
- C Hunt
- A Kelly
- R Killick
- J Lasouska
- A Lawrence
- A Leddin
- C Lidbetter
- C Liston
- H Milton
- J Missin
- G Nunnerley
- G Nuttall
- G Paine
- M Pound
- L Ransom
- L Riley
- I Rodriguez-Leal
- L Roger
- H Ryan
- V Scoles
- S Sheridan
- A Shillings
- D Shooter
- W Sismey
- M Skinner

- R Stanley
- K Stearns-Kilby
- C Taylor
- L Temple
- O Todd
- M Tooke
- H Wakefield
- P Webb
- S Webb
- K Welbourne
- F Whatling

- G McMullen
- A Means
- J Page
- S Peck
- S Pennells
- C Sandall
- G Smart
- S Speed
- J Stevens
- S West

Prep School

- J Beadle
- E Brown
- S Cook
- S Doherty
- K Fairbrother
- H French
- M Gillings
- L Gray
- D Hyland
- R Johnson
- T Kimber
- C Lacey

Minibus Drivers

- L Branco
- L Briggs
- G Cleverley
- J Davis
- P Drew
- S Hammond-Halsey
- M Haney
- J Limbrick
- P Staniforth

Location of first aid boxes - Whole & Senior School:

- Dwight Centre room 7
- Dwight Centre Cafe6
- D & T Work Room
- D & T Barn
- Music Cottages: upstairs
- Admin Cottages: upstairs
- Art: room 1
- Languages: room 12B
- Textiles upstairs
- Caretakers Office
- Corridor off Russell Hall
- Food and Nutrition
- Staff Room
- Sports Hall: foyer
- Mobile: 40B
- Between rooms 24-25
- Room 32
- Room 34 (Foyer)
- Pavilion
- Skelton Hall: servery
- Skelton Hall: kitchen
- Maintenance Shed
- Harecroft House: Admissions Foyer
- Harecroft House: Kitchen
- Harecroft House: 16

Prep School

- Between rooms 53-50
- Toilets (upstairs)
- Staff Room

- SENCO (wall outside)

Vehicles:

- YR20 EYS
- YT20 ZPD
- YR74 PMY
- YS74 JIL
- YS74 JJK
- YM74 OAZ
- YR25 XVZ
- YR25 AXP
- YM25 JZF
- YM25 JZH
- YP25 WYX
- YS70 ZTR
- Tractor (EU08 PW)
- Tractor (EX16 UVR)

Appendix F: Accident Reporting

It is essential that the school is informed of all accidents, incidents and near-misses which occur either on the school site or off-site but during a school activity or event, such as an 'away' sporting fixture. By gathering this information, we not only meet our legal health and safety requirements, but also ensure that we are kept informed of any trends in our accidents/incidents or near-misses. By noting these, we are then in a better position to amend our current practice and reduce the likelihood of them occurring again in the future. This information is presented to the Health and Safety Committee termly in the form of statistics and charts.

Accident/Incident Record Form

Should first aid need to be administered following an accident or incident, the school has an Accident/Incident Record form which is used for all adverse events which result in any significant personal injury or in damage to property. This form should also always be used if dealing with any injuries or near-misses to pupils, employees, and visitors, visiting pupils, parents, or contractors.

Near-Miss or Minor Injury Record Forms

There are also two Near-Miss or Minor Injury Record forms, one for the Senior and one for the Prep School, which are used for all occurrences involving our employees or pupils, which either:

- a. Did not result in any personal or property damage, but could have done or
- b. Did result in very minor or superficial injury or harm.

To clarify, a non-significant injury may be reported as a near-miss if very minor, such as a superficial bruise, bump, burn, cut, or graze. These injuries will be subjective to the reporter and person injured however and hence if in doubt please report on an Accident/Incident Record. If there is a chance that the injury might develop into a larger problem (e.g., such as an infected cut) please report on an Accident/Incident Record.

The forms are shown in Appendices G, H and I below.

Appendix G: Prep School Near-Miss or Minor Injury Record



Near-Miss or Minor Incident Record – Prep School

This form should be completed for any near-miss to a pupil, visitor or member of staff which did not result in injury or damage but could have done OR for a very minor injury such as a superficial bruise, bump, burn, cut, or graze. If in doubt or if there is a chance that the injury might develop into a larger problem (e.g., such as an infected cut) please report on an Accident/Incident Record.

Please hand the completed form to the Human Resources Assistant (employees), or place within the Accident Book for Prep pupils. All other forms should be given to the Health and Safety Advisor.

Name of reporting person			Pupil Name (if applicable) Form		
Signature of reporting person					
Location of near-miss (i.e. room, area)		Where on body injured? (if applicable)		Date and time of near-miss	
Describe what happened, giving the cause if known.					
Recommendation for preventing a recurrence?					
Any other relevant information?					
Signature of parent to state informed		Signature of School representative to state parent informed			

Appendix H: Senior School Near-Miss or Minor Injury Record



Near-Miss or Minor Incident Record – Senior School

This form should be completed for any near-miss to a pupil, visitor or member of staff which did not result in injury or damage but could have done OR for a very minor injury such as a superficial bruise, bump, burn, cut, or graze. If in doubt or if there is a chance that the injury might develop into a larger problem (e.g., such as an infected cut) please report on an Accident/Incident Record.

Please hand the completed form to the Human Resources Assistant (employees), or the Health and Safety Advisor (for senior pupils/visitors)

Name of reporting person			Pupil Name (if applicable)		
			Form		
			Signature of pupil		
Location of near-miss (i.e. room, area)		Where on body injured? (if applicable)		Date and time of near-miss	
Describe what happened, giving the cause if known.					
Recommendation for preventing a recurrence?					
Any other relevant information?					

Appendix I: Accident/ Incident Record



Accident / Incident Record

This form should be completed for all accidents or incidents involving injury (not including near misses) or damage during any activity or within any area under School control. N.B. This includes off-site School events/trips/matches and includes visitors, contractors, parents and visiting pupils.

Please hand the completed form to the Human Resources Assistant (employees) or the Bursar (pupils, visitors) or the Facilities Manager (Contractors)

Name of affected person		Pupils Only	
Their address/Name of Visiting School		Form	
Occupation		Date of Birth	
Location of accident		Name of parent/guardian	
		Date and time of accident	
Describe what happened:			
Cause (if known)?			
Nature of injury?		Name of any first aider and what treatment was given at the scene?	
Attended Hospital?		Treatment there?	
Attended with whom?		Ongoing treatment?	
Details of person completing the form (if different)		Address	
Name			
Occupation			
Employees only	Do you give consent to the School to disclose your personal information and details of the accident which appear on this form to safety representatives for them to carry out the health and safety functions given to them by law?		Yes – Sign here (do not sign if you do not give consent)
Employer only			
Is the accident reportable under RIDDOR?		If so, who reported and on what date? <i>Attach copy of report to this document.</i>	

Appendix J: Head Injury Protocol



For the purposes of this protocol a head injury is defined as any trauma to the head other than superficial injuries to the face (NICE 2021).

This protocol is for the management of head injuries sustained at School by both sporting activities and general accidents.

All pupils that have sustained a head injury will be assessed by a member of staff that has received first aid training.

If the pupil has sustained an injury during sport they will be assessed by a member of sports staff that has received training on how to perform a CRT6 assessment. **Return2Play** <https://www.return2play.org.uk/> is also used to assess the pupil and to ensure that the pupil does not return to play too quickly after injury. Doctors trained in concussion assessments, determine the individual pupil's head injury status in conjunction with parents online, in order to determine whether and when the child is fit to return to sport.

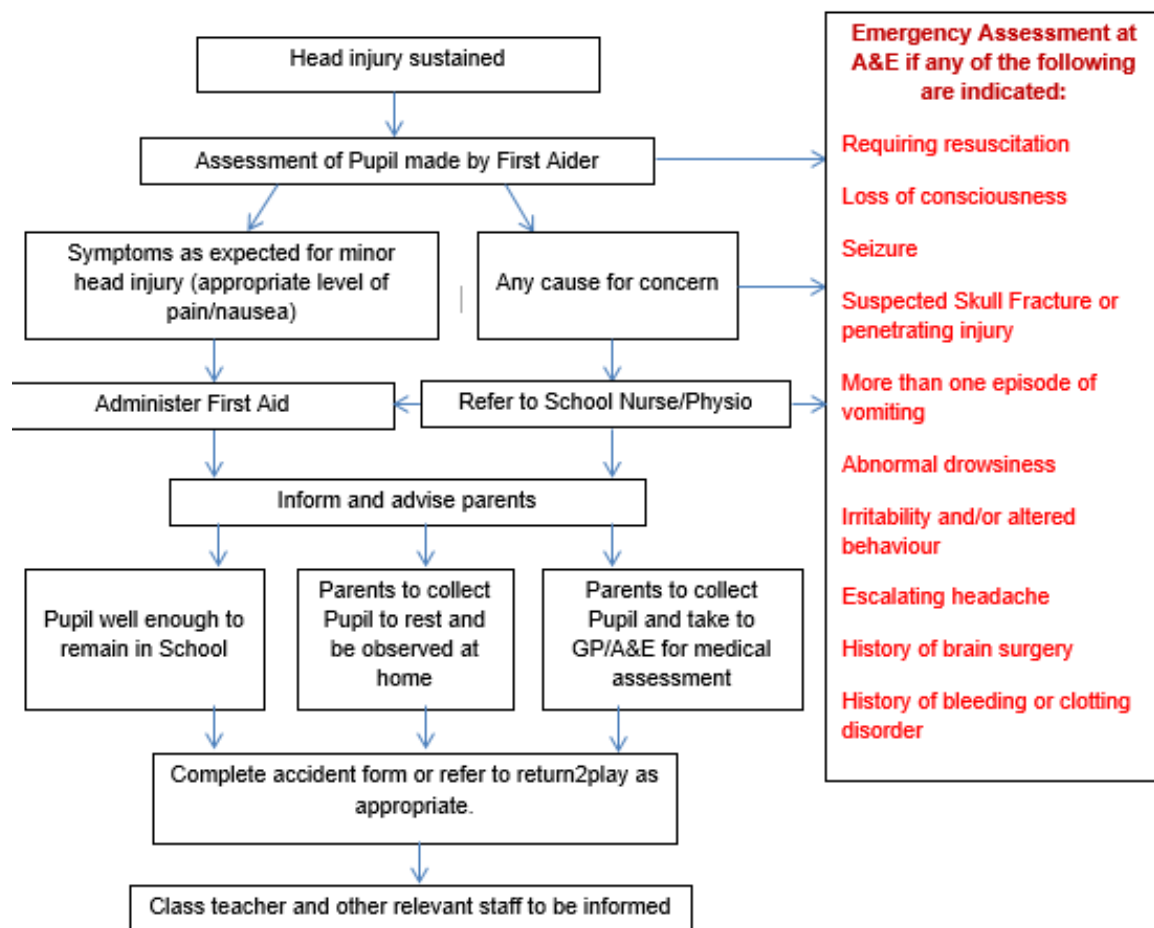
If concussion is diagnosed then a pupil has 24-48 hours relative rest from physical activity as long as the injured person is managing day-to-day activities (school/work) without any exacerbation of symptoms. This is followed by a return to light physical activities e.g. walking. Once symptom free, they can resume some aerobic exercise such as jogging, stationary bike, and swimming at low intensity. They can also introduce low level body weight resistance training, but they should not be taking part in formal training activities or competition. If they remain symptom free at day 8 they can resume sport specific non-contact training and weight resistance training. Full contact training can resume at day 15 if symptom free. Contact sport can resume at day 21. For further advice please contact R2P medical team medical@return2play.org.uk.

Return2Play can also be used to assess non-sporting head injuries also. If the injury has been sustained by other means, the pupil will be assessed by a first aid trained member of staff. If the pupil has symptoms beyond those that would be expected, such as more significant pain to the area of impact and/or nausea, or the symptoms cause the staff member concern, they will be referred to the School Nurse or School Physiotherapist. In the unlikely event that both members of staff are unavailable, alternative appropriate medical advice should be sought.

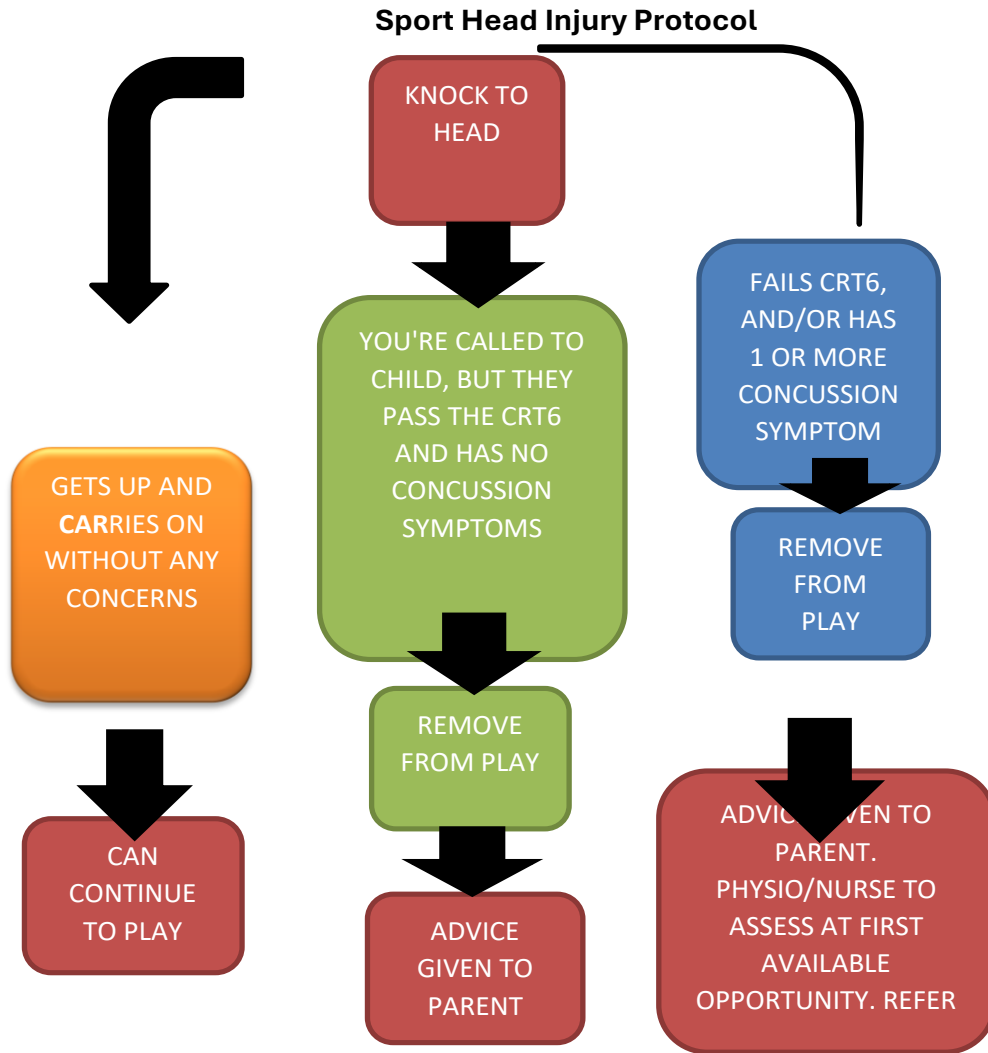
If an injury is logged on Return2Play, staff do not need to complete an accident/incident report form. Prep School pupils will be given a sticker to wear in order to alert members of staff that the pupil has had an injury and to keep close observation.

The flow charts on the pages following have been created to clearly illustrate this process.

Management of a Head Injury not caused by a sporting activity



Pupils must be taken for emergency medical assessment if displaying any of the symptoms above at any time or the member of staff is concerned in anyway.



Head Injury Management Signs and Symptoms

Indications for Emergency Management / A&E

- Deteriorating mental status
- Potential spinal injury
- Progressive, worsening symptoms
- New neurological signs
- Loss of consciousness
- Potential Signs of Concussion Requiring Monitoring Only
- Unsteadiness
- Disorientation
- Inability to respond appropriately to questions
- Loss of memory
- Blank or vacant

If the potential signs of concussion are temporary and start to improve, then no emergency medical management is required, however advice should be given to the parent/guardian.

Appendix K: Sharps Disposal Protocol



WISBECH
GRAMMAR SCHOOL

Sharps Disposal Protocol

This protocol is for needle stick or sharps injuries where previous contamination with a bodily fluid is suspected (e.g. a needle found in an open field) It does not apply to needle stick or sharps injuries within a school department (e.g. F&N, Textiles, D&T)

The sharps disposal kit is kept within the Operations Services Office. This kit is to be used for the disposal of items such as needles or sharps that may be contaminated with bodily fluids.

In using the kit the following protocol should be followed:

- Contact the Custodians to obtain the kit.
- Wearing gloves and using the forceps, pick up the needle or sharp item.
- Place the item into the sharps bin within the kit sharp end first.
- Ensure the sharps bin is sealed after use.
- Place the forceps and gloves in the clinical waste bag.
- If applicable use the second pack within the kit to clean up any bodily fluids as per instructions.
- Use the wipe to disinfect your hands.
- Wash hands thoroughly.
- The sharps bin will then be taken to a GP surgery for disposal – it will only be accepted if sealed.
- The yellow clinical waste bag must be disposed of in the clinical waste bin at pupil services or the school nurse office.
- The School Nurse will replenish the kit.

The Health and Safety Advisor must be informed of any needles/sharps found on the school premises as soon as is reasonably practicable, using an accident/incident form. [Accident, incident or near miss reporting](#)

Needle Stick/Contaminated Sharps Injuries

If an individual receives a needle stick or contaminated sharp injury, the following protocol must be followed:

- Encourage the wound to bleed, ideally under running water
- Wash the wound thoroughly with soap and water
- Do not scrub the wound while washing it
- Do not suck the wound
- Dry the wound and cover it using a plaster or dressing

The incident must be recorded using the appropriate form and additionally the School Nurse informed.

Urgent medical advice must be sought as treatment may be required to reduce the risk of infection. Medical advice can be obtained from the individual's GP, by calling the NHS 111 service or by attending the nearest A&E department.