GATEWAY SCHOOL
GREAT MISSENDEN

First Aid Policy

This policy applies to all pupils in the school, including the EYFS

Created September 2012
Last revision September 2025
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Reviewed by Bellevue Education Committee

Contents

First Aid Policy Statement of Commitment

Gateway School is committed to caring for, and protecting, the health, safety and welfare of its pupils, staff and visitors.
We confirm our adherence to the following standards at all times:

- To make practical arrangements for the provision of First Aid on our premises, during off-site sport and on school visits.
- To ensure that trained First Aid staff renew, update or extend their HSE approved qualifications at least every three years.
- To have a minimum of 2 trained First Aiders on site at any one time, including a person with a paediatric first aid qualification whenever EYFS pupils are present. First Aiders will be able to responsibly deliver or organise emergency treatment.
- To ensure that a trained first aider accompanies every off-site visit and activity. In visits involving EYFS pupils, a member of staff will have a current paediatric first aid qualification.
- To record accidents and illnesses appropriately, reporting to parents and the Health & Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (2013).
- To provide accessible first aid kits at various locations on site, along with a portable kit for trips, excursions and sporting events First Aid Boxes Check List 2025/26
- To record and make the relevant arrangements for pupils and staff with specific medical conditions.
- To deal with the disposal of bodily fluids and other medical waste accordingly, providing facilities for the hygienic and safe practice of first aid.
- To communicate clearly to pupils and staff where they can find medical assistance if a person is ill or an accident has occurred.
- To communicate clearly in writing or via Medical Tracker to parents or guardians if a child has sustained a bump to the head at school, however minor, and to communicate in writing or via Medical Tracker in relation to every instance of accident or first aid or the administration of medicine for pupils in EYFS.

Details of First Aid Practitioners (including Paediatric) at Gateway School

See Appendix B

Practical Arrangements at Gateway School

Location of First Aid Facilities

- The medical room is located in the S block for first aid treatment and for pupils or staff to rest/recover if feeling unwell.
- This includes; a child-sized couch, first aid supplies, a water supply and sink, an adjacent bathroom and hygiene supplies such as gloves and paper towels.
- A portable first aid kit can be obtained from the Medical Room for school usage or External trips.

Responsibilities of the Trained First Aiders

- Provide appropriate care for pupils & staff who are ill or sustain and injury
- Record all accidents in the accident book (to be found in the medical room) or on Medical Tracker..
- In the event of any injury to the head, however minor, ensure that a note is sent home or a Medical Tracker notification to parents/guardians and a note is made on the accident form
- In the event of any accident or administration of first aid involving a pupil in Preschool, ensure that a note from the school is shown to parents/guardians, and that parents sign the accident report form upon collection.

- Make arrangements with parents/guardians to collect children and take them home if they are deemed too unwell to continue the school day.
- Inform the School Nurse of all incidents where first aid has been administered

Responsibilities of the School Nurse:

- Ensure that all staff and pupils are familiar with the school's first aid and medical procedures.
- Ensure that all staff are familiar with measures to provide appropriate care for pupils with particular medical needs (eg. Diabetic needs, Epi-pens, inhalers).
- Ensure that a list is maintained and available to staff of all pupils with particular medical needs and appropriate measures needed to care for them.
- Monitor and re-stock supplies and ensure that first aid kits are replenished.
- Maintain adequate facilities.
- Ensure that correct provision is made for pupils with special medical requirements both in school and on off- site visits
- On a monthly basis, review First Aid records to identify any trends or patterns and report at the Health and Safety committee meetings
- Ensure accurate information is given to the Compliance Officer so that incidents can be reported to RIDDOR.
- Contact emergency medical services as required.
- Maintain an up-to-date knowledge and understanding of guidance and advice from appropriate agencies
- Meet fortnightly with the Compliance Officer to discuss matters of concern including accidents and medical incidents at school

What to do in the case of an accident, injury or illness

A member of staff or pupil witnessing an accident, injury or illness should immediately contact the school nurse or trained first aider. The school office should be contacted if the location of a trained first aider is uncertain.

Any pupil or member of staff sustaining an injury whilst at school should be seen by a first aider who will provide immediate first aid and summon additional help as needed.

The pupil or member of staff should not be left unattended.

The first aider will organise an injured pupil's transfer to the medical room if possible and appropriate and to hospital in the case of an emergency.

Parents should be informed as necessary by telephone by the nurse, first aider or school secretary. This will be followed up in writing and a record kept at school. A record of all accidents and injuries is maintained in the accident log. or on Medical Tracker. In relation to a head injury please refer to Appendix E

Contacting parents

Parents should be informed by telephone as soon as possible after an emergency or following a **serious/significant** injury including:

- Head injury (a head injury advice sheet should be given to any pupil who sustains a head injury) Available from the Medical Room
- Suspected sprain or fracture
- Following a fall from height
- Dental injury
- Anaphylaxis & following the administration of an Epi-pen
- Epileptic seizure
- Severe hypoglycaemia for pupils, staff or visitors with diabetes

- Severe asthma attack
- Difficulty breathing
- Bleeding injury
- Loss of consciousness
- If the pupil is generally unwell

If non-emergency transportation is required, an authorised taxi service will be used if parents are delayed. A member of staff will accompany the pupil until a parent arrives. Parents can be informed of smaller incidents at the end of the school day by the form teacher.

In Preschool, ALL incidents must be communicated to the parents in writing and a copy placed in the child's file. A parent should sign the school copy agreeing that they have been notified.

Contacting the Emergency Services

An ambulance should be called for any condition listed above which requires emergency treatment, if deemed necessary. Any pupil taken to hospital by ambulance must be accompanied by a member of staff until a parent arrives. All cases of a pupil becoming unconscious (not including a faint) or following the administration of an Epi-pen, must be taken to hospital.

Accident reporting

The accident log or Medical Tracker entry must be completed for any accident or injury occurring at school, off site at sporting events, or on a school trip. This includes any accident involving staff or visitors. The accident log will be monitored by the Compliance Officer as certain injuries require reporting (RIDDOR requirements).

Pupils who are unwell in school

Any pupil who is unwell cannot be left to rest unsupervised in the medical room. If a pupil becomes unwell, a parent should be contacted as soon as possible by the School Nurse or the school office. In the event a parent is unavailable the school should attempt to contact the secondary contact.
Anyone not well enough to be in school should be collected as soon as possible by a parent. Staff should ensure that a pupil who goes home ill remembers to sign out at the school office.

First Aid equipment and materials

The School Nurse is responsible for stocking and checking the first aid kits. Staff are asked to notify the School Nurse when supplies have been used in order that they can be restocked. The first aid boxes generally contain contents relevant to the location within and outside school

Defibrillator – AED (Automated External Defibrillator)
Location: The AED can be found on the external building wall outside the staff room (H Building). See attached policy for use – Appendix D

First aid for school trips

The trip organiser must ensure that one adult accompanying the trip has an appropriate first aid qualification (paediatric certificate for trips involving EYFS pupils) and undertake a risk assessment to ensure an appropriate level of first aid cover, with reference to the educational visits policy, which includes further guidance. A First Aid kit for school trips must be collected from the medical room. This must be returned to the School Nurse for replenishing on return. Any accidents/injuries must be reported to the Nurse/1st Aider and to parents and documented in the accident book in accordance with this policy. RIDDOR guidelines for reporting accidents must be adhered to. For any major accident or injury the appropriate health & safety procedure must be followed.

Arrangements for Sports Activities (off site)

Before leaving for off site PE activities, fixtures and swimming lessons, the PE dept. will inform the office staff of pupils and staff who are leaving the premises.
The appointed first aid lead will collect the sports first aid kit, emergency inhaler and school mobile, and remind children who require inhalers/ epipens to ensure these are with them and that they are signed out, before leaving. On return to school, the first aid lead will provide written documentation on the accident form of any injuries to the nurse, and the sports first aid bag will be replenished with items used. All school minibuses have a 1st aid kit stored, this is checked termly unless staff inform the nurses of any items used in the meantime.

Risk assessments are conducted by the PE department, children with care plans are incorporated into this.

Emergency care plans and treatment boxes

The School Nurse ensures that staff are made aware of any pupil with an emergency care plan. These care plans are available in the medical room. Medical records are also updated on Medical Tracker for staff to see. Pupils with a serious medical condition will have an emergency care plan drawn up and agreed by the School Nurse and parents. Emergency treatment boxes must always be taken if the pupil is out of school. The boxes are kept in the medical room.

Pupils temporarily using crutches or having limited mobility - Parents must inform the school of the nature of injury and the anticipated duration of immobility, before arriving in school. The form tutor will arrange for a 'class partner' to carry books, open doors etc. Information about the condition will be discussed in staff meetings to enable teachers to be fully aware of the pupil's needs. Arrangements will be made for the pupil to arrive/leave lessons early to allow for a safe transfer around school. Parents must inform the school of any particular difficulties.
Pupils with medical conditions - A list is available in the medical room of all pupils who have a serious allergy or medical condition. This information is useful for lesson planning and for risk assessments prior to a school trip. Please return emergency boxes on completion of the trip. If staff become aware of any condition not on these lists, please inform the School Nurse.

Dealing with bodily fluids

In order to maintain protection from disease, all bodily fluids should be considered infected. To prevent contact with bodily fluids the following guidelines should be followed.

- When dealing with any bodily fluids, wear disposable gloves.
- Wash hands thoroughly with soap and warm water after the incident.
- Keep any abrasions covered with a plaster.
- Spills of the following bodily fluids must be cleaned up immediately.
- Bodily fluids include: Blood, Faeces, Urine, Nasal and eye discharges, Saliva, Vomit

Process

- Disposable towels should be used to soak up the excess, and then the area should be treated with a disinfectant solution
- Never use a mop for cleaning up blood and bodily fluid spillages
- All contaminated material should be disposed of in a yellow clinical waste bag (available in all 1st aid boxes) then placed in the waste bin in the staff toilet next to the medical room.
- Avoid getting any bodily fluids in your eyes, nose, mouth or on any open sores.
- If a splash occurs, wash the area well with soap and water or irrigate with copious amounts of saline.

Infectious diseases

If a child is suspected of having an infectious disease advice should be sought from the School Nurse who will follow the Public Health England guidelines to reduce the transmission of infectious diseases to other pupils and staff.

Administration of Medication in School

The school aims to support as far as possible, and maintain the safety of, pupils who require medication during the school day.
However, it should be noted that:

- No child should be given any medication without their parent's written consent.
- No Aspirin products are to be given to any pupil at school, unless prescribed by a doctor.
- Only medication prescribed by a doctor, dentist or pharmacist can be administered in school.

Parents must be given written confirmation of any medication administered at school, a copy of which will be kept on the pupil's file. Proformas for this are available from the school office or the school website.
In addition parents are asked to give blanket permission for the use of non-prescription children's dosage medicines when their child starts school for the duration of their child's education at Gateway.
Children may need to take medication during the school day e.g. antibiotics. However, wherever possible the timing and dosage should be arranged so that the medication can be administered at home.

It is the parent's responsibility to update the school with any changes to their child's medication.

● Non-Prescription Medication

These are only to be administered by the School Nurse or a designated person if they have agreed to this extension of their role and have been appropriately trained.
A teacher may administer non-prescription medication on a residential school trip provided that procedures are followed and written consent* has been obtained in advance. This may include travel sickness pills, pain relief or antihistamine.
All medication administered at school must be documented, signed for by the administrator, and parents informed.

* Parents are asked to complete a consent form when their child starts school, to cover the administration of non- prescription medicines when deemed necessary by the school nurse, or other appropriately trained person. This includes EYFS children, provided that parents are contacted immediately before the administration of the medication. In all cases which rely on such on-going consent, parents must be informed in writing / electronically that the administration of medication has taken place. Any over the counter medication that is not listed on the consent form cannot be administered to children under 12, unless prescribed by a doctor or a dentist.

● Prescription-Only Medication

Prescribed medicines may be given to a pupil by the School Nurse or a designated person if they have agreed to this extension of their role and have been appropriately trained. Written consent must be obtained from the parent or guardian, clearly stating the name of the medication, dose, frequency and length of course. The school will accept medication from parents only if it is in its original container, with the original dosage instructions. A form for the administration of medicines in school is available from the School Nurse, the school office or the school website.
Prescribed medication will only be administered if prescribed by a ***UK registered medical practitioner***. Homoeopathic medication cannot be administered in school.

Administration of Medication

Any member of staff administering medication should be trained to an appropriate level, this includes specific training e.g. use of Epi-pens

- The medication must be checked before administration by the member of staff confirming the medication name, pupil name, dose, time to be administered and the expiry date.
- In the absence of a school nurse, it is a requirement that a second adult is present when administering
    - medicine.
- Wash hands
    - Confirm that the pupil's name matches the name on the medication.
- Explain to the pupil that his or her parents have requested the administration of the medication.
- Document any refusal of a pupil to take medication.
- Document, date and sign for what has been administered.
- Complete the form which goes back to parents.
- Ensure that the medication is correctly stored in a locked drawer or cupboard, out of the reach of pupils.
- Antibiotics and any other medication which requires refrigeration should be stored in the fridge in the medical room. All medication should be clearly labelled with the pupil's name and dosage.
- Parents should be asked to dispose of any out of date medication.
- At the end of the school year: all medication should be returned to parents
- Any remaining medication belonging to children to be disposed of via a pharmacy or GP surgery.
- Used needles and syringes must be disposed of in the sharps box kept in the medical room.

Emergency Medication

It is the parents' responsibility to inform the school of any long-term medical condition that may require regular or emergency medication to be given. In these circumstances a health care plan is required and this will be completed and agreed with parents.

Guidelines for reporting: RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013)

By law any of the following accidents or injuries to pupils, staff, visitors, members of the public or other people not at work requires notification to be sent to the Health and Safety executive by phone, fax, email or letter.

Guidance on Reportable Incidents can be found here

Storage of this policy

A copy of this policy is available on the school website, the Teachers Drive and also in the medical room.

APPENDIX A: Guidance to staff on particular medical conditions

● Allergic reactions

Symptoms and treatment of a mild allergic reaction:

- Rash
- Flushing of the skin
- Itching or irritation
- Nausea
- Stomach Ache
- Diarrhoea
- Vomiting
- Mild swelling of face/lips

If the pupil has a care plan, follow the guidance provided and agreed by parents. Administer the prescribed dose of antihistamine and/or inhaler to a child who displays these mild symptoms only. Make a note of the type of medication, dose given, date, and time the medication was administered. Complete and sign the appropriate medication forms, as detailed in the policy. Observe the child closely for 30 minutes to ensure symptoms subside. Inform parents.

● Anaphylaxis

Symptoms and treatment of Anaphylaxis:

- Swollen lips, tongue, throat or face
- Nettle type rash
- Difficulty swallowing and/or a feeling of a lump in the throat
- Coughing/Choking
- Abdominal cramps, nausea and vomiting
- Generalised flushing of the skin
- Difficulty in breathing
- Difficulty speaking
- Sudden feeling of weakness caused by a fall in blood pressure - floppiness
- Collapse and unconsciousness

When someone develops an anaphylactic reaction the onset is usually sudden, with the following signs and symptoms of the reaction progressing rapidly, usually within a few minutes.

Action to be taken

1. Send someone to call for Emergency Services. And inform parents. Arrange to meet parents at the hospital.
2. Send for the Pupils named medi pack container their relevant medication
3. Reassure the pupil help is on the way.
4. Lie the pupil flat with legs raised. If breathing is difficult sit the pupil up.
5. Remove the Adrenaline Auto Injector pen from the carton and pull off the safety cap.
6. Place the tip on the pupil's thigh (there is no need to remove clothing).
7. Press hard into the thigh until the auto injector mechanism functions and hold in place as
8. Remove the Adrenaline Auto Injector pen from the thigh and note the time.
9. Place the used Adrenaline Auto Injector pen safely to one side for the paramedic.
10. If the pupil has collapsed lay him/her in the recovery position.
11. Ensure the paramedic ambulance has been called.
12. Stay with the pupil.
13. Steps 4-8 may be repeated if no improvement in 5 minutes with a second Adrenaline Auto Injector pen.

REMEMBER Adrenaline Auto Injector pens are not a substitute for medical attention, if an anaphylactic reaction occurs and you administer the Adrenaline Auto Injector pen the pupil must be taken to hospital for further checks.

Policy for adrenaline auto injectors (AAI) in case of emergency:

- Written *r*equest by head teacher on headed paper stating purpose, product* and quantity, kit supplied by pharmacist, stored in an identifiable bag accessible to staff to include instructions on storage and use, in a safe and central place out of reach of children and separate to pupils own prescribed AAI, regular termly check lists of injector to inc. batch number, exp date, list of pupils to whom AAI can be administered to, administration record
- Register of pupils who have been prescribed an AAI to be used in the event of anaphylaxis: Kept in medical folder for staff and on individual iSAMS records
- Consent document completed by parents/legal guardian and kept with care plan

Ensure that any spare AAI are used only in pupils where both medical authorization and written parental consent have been provided

- Appropriate support and training for staff for use of AAI, 1st aid training , all staff also invited to attend 1:1 training session any time by nurses
- Any use of AAI will be recorded on an accident form, and copied to the pupils individual healthcare record. Head of H&S and Head teacher to be informed if used.
- Used AAI to be given to ambulance crew, expired AAI to be returned to pharmacy/sharps bin for safe disposal

Epipen dose: **Children under the age of 6 years: 0.15milligram of adrenaline is used*
For children aged 6-12 years and upwards: a dose of 0.3 milligram of adrenaline is used

- **Asthma management**

The school recognises that asthma is a serious but controllable condition and the school welcomes any pupil with asthma. The school ensures that all pupils with asthma can and do fully participate in all aspects of school life, including any out of school activities. Taking part in PE is an important part of school life for all pupils and pupils with asthma are encouraged to participate fully in all PE lessons. Teaching staff will be aware of any child with asthma from a list of pupils with medical conditions kept in the medical room. The school has a smoke free policy.

Trigger factors

- Change in weather conditions
- Animal fur
- Having a cold or chest infection
- Exercise
- Pollen
- Chemicals
- Air pollutants
- Emotional situations
- Excitement/Stress

Generic Emergency Inhalers

Generic emergency inhalers and spacers are located in school and taken off site by first aiders. A list of children who have been diagnosed with asthma and where parents have given permission for emergency treatment, can be found in each of the school first aid rucksacks, sports first aid kits, and with the medical room.

Policy on the use of Generic Emergency Inhaler

The inhaler is only used by children who have asthma or have been prescribed a reliever inhaler, and for whom written parental consent has been given for use of the emergency inhaler.
Gateway school will ensure that

- Staff have appropriate training and support, relevant to their level of responsibility (storage, care or administering medication)
- The School has appropriate levels of insurance in place to cover staff, including liability cover relating to the administration of medication.

Gateway has purchased emergency inhalers and spacers. These will be kept in the school medical office, the main hall and the staff room. The inhalers and spacers are not locked away. An emergency inhaler and spacer will be taken on school trips, sports events including to the swimming pool.

Storage and care of the inhaler:

The inhalers are stored at the appropriate temperature (in line with the manufacturer's guidelines), below 30C, protected from direct sunlight and extremes of temperature. The inhaler and spacers will be kept separate from any child's inhaler. The emergency inhaler will be clearly labelled. The emergency inhaler will be primed when first used (sprayed twice) as it can become blocked when not used over a period of time. Each emergency inhaler has 200 metered doses.

To avoid possible risk of cross infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use.

The inhaler itself can be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in a clean, safe place. The canister should be returned to the housing when it is dry, the cap replaced, and returned to the designated storage place. If there has been any risk of contamination with blood, it will be disposed of properly.

The asthma emergency inhaler kit will be checked by the school nurses on a termly basis. They will ensure that the inhaler and spacers are present and in working order. Replacement inhalers will be purchased when the expiry date approaches. The school nurses will ensure correct disposal of medication at this time.

The emergency asthma inhaler kit will include:

- A salbutamol metered dose inhaler
- A single-use plastic spacer compatible with the inhaler
- Instructions on using the inhaler and spacer/plastic chamber
- Instructions on cleaning and storing the inhaler
- Manufacturer's information
- A checklist of inhalers, identified by their batch number and expiry date, with term time checks recorded
- A note of the arrangements for replacing the inhaler and spacers
- A list of children permitted to use the emergency inhaler (as detailed on their individual healthcare

plans)
- A record of administration (i.e. when the inhaler has been used)
- The Gateway School Asthma Attack Treatment Protocol

General considerations

Pupils with asthma need immediate access to their reliever inhaler. Younger pupils will require assistance to administer their inhaler. It is the parents' responsibility to ensure that the school is provided with one named, in- date reliever inhaler, which is kept in the medical room, not locked away and always accessible to the pupil. Teaching staff should be familiar with a child's trigger factors and try to avoid any situation that may cause a pupil to have an asthma attack.

It is the parents' responsibility to provide a new inhaler when out of date. Pupils must be made aware of where their inhaler is kept and this medication must be taken on any out of school activities.

As appropriate for their age and maturity, pupils are encouraged to be responsible for their reliever inhaler, which is to be brought to school and kept in a school bag to be used as required. A spare named inhaler should be brought to school and given to the school nurse for use if the pupil's inhaler is lost or forgotten.

Recognising an asthma attack

- Pupil unable to continue an activity
- Difficulty in breathing
- Chest may feel tight
- Possible wheeze
- Difficulty speaking
- Increased anxiety
- Coughing, sometimes persistently

Action to be taken

1. Ensure that prescribed reliever medication is taken promptly.
2. Reassure the pupil.
3. Encourage the pupil to adopt a position which is best for them-usually sitting upright.
4. Wait five minutes. If symptoms disappear the pupil can resume normal activities.
5. If symptoms have improved but not completely disappeared, give another dose of their inhaler and call the School Nurse or a first aider if she is not available.
6. Loosen any tight clothing.
7. If there is no improvement in 5-10 minutes continue to make sure the pupil takes one puff of their reliever inhaler every 30 to 60 seconds up to a maximum of 10 puffs.
8. Call an ambulance and inform parents.
9. While waiting for an ambulance, repeat steps 7 after waiting for 10 minute intervals.
10. Accompany the pupil to hospital and await the arrival of a parent.

● Diabetes management

Pupils with diabetes can attend school and carry out the same activities as their peers but some forward planning may be necessary. Staff must be made aware of any pupil with diabetes attending school.

Signs and symptoms of low blood sugar (hypoglycaemic attack)

This happens very quickly and may be caused by: a late meal, missing snacks, insufficient carbohydrate, more exercise, warm weather, too much insulin and stress. The pupil should test his or her blood glucose levels if blood testing equipment is available.

- Pale
- Glazed eyes

- Blurred vision
- Confusion/incoherent
- Shaking
- Headache
- Change in normal behaviour-weepy/aggressive/quiet
- Agitated/drowsy/anxious
- Tingling lips
- Sweating
- Hunger
- Dizzy

Action to be taken

1. Follow the guidance provided in the care plan agreed by parents and the hospital.
2. Give fast acting glucose-either 50ml glass of Lucozade or 3 glucose tablets. (Pupils should always have their glucose supplies with them. Extra supplies will be kept in emergency boxes. This will raise the blood sugar level quickly.
3. This must be followed after 5-10 minutes by 2 biscuits, a sandwich or a glass of milk.
4. Do not send the child out of your care for treatment alone.
5. Allow the pupil to have access to regular snacks.
6. Inform parents.

Action to take if the pupil becomes unconscious:

1. Place the pupil in the recovery position and seek the help of the School Nurse or a first aider.
2. Do not attempt to give glucose via mouth as pupil may choke.
3. Telephone 999.
4. Inform parents.
5. Accompany the pupil to hospital and await the arrival of a parent.

Signs and symptoms of high blood sugar (hyperglycaemic attack)

Hyperglycemia – develops much more slowly than hypoglycemia but can be more serious if left untreated. It can be caused by too little insulin, eating more carbohydrates, infection, stress and less exercise than normal.

- Feeling tired and weak
- Thirst
- Passing urine more often
- Nausea and vomiting
- Drowsy
- Breath smelling of acetone
- Blurred vision
- Unconsciousness

Action to be taken

1. Inform the School Nurse or a first aider
2. Inform parents
3. Pupil to test blood or urine
4. Call 999

Epilepsy management

How to recognise a seizure

There are several types of epilepsy but seizures are usually recognisable by the following symptoms:

- Pupil may appear confused.
- Pupil may collapse.
- Slow noisy breathing.
- Possible blue colouring around the mouth (returning to normal as breathing returns to normal).
- Rigid muscle spasms.
- Twitching of one or more limbs or face
- Possible incontinence.

A pupil diagnosed with epilepsy will have an emergency care plan

Action to be taken

1. Send for an ambulance;
   - If this is a pupil's first seizure.
   - If a pupil known to have epilepsy has a seizure lasting for more than five minutes or if an injury occurs, or if instructed to do so on the care plan.
2. Seek the help of the School Nurse or a first aider. Help the pupil to the floor.
3. Do not try to stop seizure – time it.
4. Do not put anything into the mouth of the pupil.
5. Move any other pupils away and maintain the pupil's dignity.
6. Protect the pupil from any danger.
7. As the seizure subsides, gently place them in the recovery position to maintain the airway.
8. Allow the patient to rest as necessary.
9. Inform parents.
10. Call 999 if you are concerned.
11. Describe the event and its duration to the paramedic team on arrival and any precipitating factors.
12. Reassure other pupils and staff.
13. Accompany the pupil to hospital and await the arrival of a parent.

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Appendix B - Details of First Aid Practitioners at Gateway School

Staff Members Qualified in 1st Aid 2025/26

Name	Qualifications	Date Qualified	Qualification Expiry Date	Provider	Area of Work
Tim Miles	Emergency First Aid at Work Asthma and Anaphylaxis (Adrenaline Auto-injector training)	April 2024	April 2027	Chris Davy	SLT / Teacher Lower prep lead
Steve Nash	Emergency First Aid at Work Asthma and Anaphylaxis (Adrenaline Auto-injector training)	April 2024 16/04/2024	April 2027	Chris Davy	Groundsman
Emma Morrison	Emergency First Aid at Work Asthma and Anaphylaxis (Adrenaline Auto-injector training)	April 2024 16/04/2024	April 2027	Chris Davy	Teacher
Kirsty Wood	Emergency First Aid at Work Level 3 Administration of Medication in Schools Level 2	January 2024	January 2027	Chris Davy	Kitchen
Emily Rose	Emergency First Aid at Work Level 3 Administration of Medication in Schools Level 2	January 2024	January 2027	Chris Davy	LSA
Ella Whalley	Emergency First Aid at Work Level 3 Administration of Medication in Schools Level 2	January 2024	January 2027	Chris Davy	LSA
David Lloyd	Emergency First Aid at Work Level 3	January 2024	January 2027	Chris Davy	Teacher

	Administration of Medication in Schools Level 2	June 2024		Tes	
Roisin Clark	Paediatric First Aid Level 3	Sept '25	Sept '28	Chris Davy	School Nurse
Neil Dyson	Paediatric First Aid Level 3	Sept '25	Sept '28	Chris Davy	Teacher
Melanie Dunford	Emergency First Aid at Work	Jan ' 23	Jan '26	NDA	LSA
Kelly Harman	Paediatric First Aid Level 3	Sept '25	Sept '28	Chris Davy	Playground, Breakfast club, and LSA
Luke Roberts	Administration of Medication in Schools Level 2 Emergency Paediatric First Aid Level 3 Paediatric First Aid Level 3	Oct '22 Oct'22 Nov '24	 Oct'25 Nov '27	Chris Davy First Aid Training Chris Davy First Aid Training Chris Davy First Aid Training	Sports & PE Assistant
Tara Shah	Paediatric First Aid Level 3	Sept '25	Sept' 28	Chris Davy	Playground
Rebecca Eades	Paediatric Blended First Aid	Sept' 23	Sept' 26	Worksafe Training Systems	Preschool Practitioner
Tegan Van Der Merwe	Paediatric Infant & Child First Aid Level 3 Paediatric First Aid Level 3	Sept' 23 Aug '23	Sept' 26 Aug '26	4 Minutes First Aid Training ProTranings. UK	Preschool Practitioner
Anita Thakker	Emergency First Aid at Work	Jan '23	Jan '26	NDA	LSA
Claire Tighe	Paediatric First Aid Level 3	Sept' 25	Sept '28	Chris Davy	Playground
Caroline Mastrorilli	Emergency First Aid at Work	Jan '23	Jan '26	Chris Davy	LSA
Sophie Ellam	Emergency First Aid at Work	Jan'23	Jan'26	Chris Davy	LSA
Daisy Dunn	Emergency First Aid at Work	Jan'23	Jan'26	Chris Davy	Kitchen
Abbie Smith	Paediatric First Aid Level 3	Sept '23	Sept '26	Chris Davy First Aid Training	Preschool Manager

Emma Tucker	Paediatric First Aid Level 3	Sept '23	Sept '26	Chris Davy First Aid Training	LSA
Adam Blakeley	Emergency Paediatric First Aid	Sept '23	Sept '26	Chris Davy First Aid Training	Teacher
Samantha Woods	Paediatric First Aid Level 3	Nov'24	Nov'27	Chris Davy First Aid Training	Deputy Head & Head of Early Years
Jo Starkey	Paediatric First Aid Level 3	Nov'24	Nov'27	Chris Davy First Aid Training	Teacher/ Preschool
Alex Lafleur	First Aid	Sept '23	Sep '26		Director of Sport
Natashia Chambers	Full Paediatric First Aid	April '24	April '27	Tigerlily First Aid Training	Teacher
Rochelle Smith	Paediatric First Aid Level 3	Sept '25	Sept' 28	Chris Davy	Preschool Assistant
Lindsay Soward	Paediatric First Aid Level 3	Sept '25	Sept' 28	Chris Davy	Playground
Frankie Gallop	Paediatric First Aid Level 3	Sept '25	Sept' 28	Chris Davy	Sports & PE Assistant
Angie Sturgeon	Paediatric First Aid Level 3	Sept '25	Sept' 28	Chris Davy	Sports & PE Assistant

Appendix C Storage & Administration of Medicines

All medicines received into school other than emergency medication (adrenaline injectors, inhalers), are kept in a locked fridge or locked medicine cabinet. Medication is expiry date checked when it is received, and parents are informed on their child joining the school that any medicines brought in must be prescribed by a GP, Dentist or Pharmacist, in their original container, and clearly labelled. Medication given is recorded on the short term medical form completed by parents. Medicines are returned at the end of the school day via the school nurse and parent, or office staff and parent. They are not given directly to the child to take home.

Non-prescribed medicines and over the counter medications (e.g. Calpol) are consented by parents when their child starts school for the duration of their child's education at Gateway. Parents are contacted directly prior to administration, medicine will be administered as per instructions on the bottle, and the parent is asked to collect the child as soon as possible.
The administration of medicines is carried out by the school nurse between the hours of 8 - 4. The exception to this is in Preschool, out of hours or in the absence of the school nurse when another person deemed responsible by the Head- teacher may do so with parental consent - except for life saving medicines in an emergency.

The keys to the drug cupboard are kept locked away in the locked fridge accessible by the school nurse only. If the school nurse is not on site, Office staff and those in Preschool know where the master key is kept and how to access it.

Overnight school trips – Medicine Administration Policy in the absence of school nurse

A designated member of staff is responsible for managing medicines for pupils on school trips. They take with them medical forms and contact sheets for the parents of children, and have a mobile phone. These forms can be made available to any medical authority in the country of the visit. Before departure the school nurse will discuss safe administration of medicines should they be required and are given the hard copy printed below.

Think:

- Does the pupil have any allergies
- Has any other medication already been administered that day
    - If so, what was it and what time was it given
    - Can you therefore give any further medication

- Check the time difference between doses – 8 hourly/4 hourly
- Check medication name and expiry date before dispensing Write full name of medicine given
- Check and write the pupils full name
- Check the dose, and write in value rather than number of spoonfuls where possible.
- Check the route of administration eg oral, topical
- Ensure you sign /initial for all medications given and have it witnessed
- Write date and time medication given
- Ensure all medications are locked away
- Any medication you are unsure of please read the advice leaflet for contraindications and side effects

- Do not give a medication unless you have contacted a parent/guardian and you are happy to take responsibility for your actions

Any medicine administered must be appropriately recorded and the relevant information copied for the parent and school nurse on return to school.

Appendix D Use of an Automated External Defibrillator (AED)

This school policy aims to provide clear and simple instructions for the use of the automated external defibrillator (AED) Heart Start, provided at Gateway School for all first aiders in the case of an emergency.

The AED can be found on the external building wall outside the staff room (H Building). The AED unit is sealed but remains unlocked and accessible for all emergencies. It is kept fully equipped and is self tested every day, there is no need for any manual calibration. A green light will flash indicating that the AED is ready to be used at any time. Training was provided by the Red Cross on installation and is included in 1st aid training for staff.

In the UK approximately 30,000 people sustain cardiac arrest outside hospital and are treated by emergency medical services each year.

Electrical defibrillation is well established as the only effective therapy for cardiac arrest caused by ventricular fibrillation (VF) or pulseless ventricular tachycardia (VT). The scientific evidence to support early defibrillation is overwhelming; the delay from collapse to delivery of the first shock is the single most important determinant of survival. If defibrillation is delivered promptly, survival rates as high as 75% have been reported.

The chances of successful defibrillation decline at a rate of about 10% with each minute of delay; basic life support will help to maintain a shockable rhythm but is not a definitive treatment.

The Resuscitation Council (UK) strongly recommends a policy of attempting defibrillation with the minimum of delay in victims of VF/VT cardiac arrest.

The following sequence applies to the use of an automatic AED in a victim who is found to be unconscious and not breathing normally:

Stage 1

- Open the wall enclosure containing the AED with enough force to break the plastic tie.
- Remove the AED from the enclosure and disconnect the charging jack.
- Take the AED and the 1st aid kit from the enclosure to the victim.
- The help desk operator will respond within 90 seconds: they will confirm it is a real emergency, the exact location of the victim and will reassure the rescuer of the next stage.
- The help desk operator will notify the emergency services of the GPS location of the AED and the victim.

Stage 2

- When you are by the victim, lift the handle labelled 'PULL' on the AED, this cuts communication with the help desk and triggers the integrated vocal guidance system of the AED.
- Follow the instructions given, the AED will measure vital statistics and deliver the correct charge, if required.

Stage 3 Continue to follow the AED prompts until:

- qualified help arrives and takes over OR
- the victim starts to show signs of regaining consciousness, such as coughing, opening his eyes, speaking, or moving purposefully AND starts to breathe normally OR
- You become exhausted.

Placement of AED pads

Place one AED pad to the right of the sternum (breast bone), below the clavicle (collar bone). Place the other pad in the left mid-axillary line. It is important that this pad is placed sufficiently laterally and that it

is clear of any breast tissue.
Although most AED pads are labelled left and right, or carry a picture of their correct placement, it does not matter if their positions are reversed. If this happens 'in error', the pads should not be removed and replaced because this wastes time and they may not adhere adequately when re-attached.

The victim's chest must be sufficiently exposed to enable correct pad placement. Chest hair will prevent the pads adhering to the skin and will interfere with electrical contact. Shave the chest only if the hair is excessive, and even then spend as little time as possible on this. Do not delay defibrillation if a razor is not immediately available.

Defibrillation if the victim is wet

As long as there is no direct contact between the user and the victim when the shock is delivered, there is no direct pathway that the electricity can take that would cause the user to experience a shock. Dry the victim's chest so that the adhesive AED pads will stick and take particular care to ensure that no one is touching the victim when a shock is delivered.

Minimise interruptions in CPR

The importance of early, uninterrupted chest compressions is emphasised throughout these guidelines. Interrupt CPR only when it is necessary to analyse the rhythm and deliver a shock. When two rescuers are present, the rescuer operating the AED applies the electrodes while the other continues CPR. The AED operator delivers a shock as soon as the shock is advised, ensuring that no one is in contact with the victim.

CPR before defibrillation

Provide good quality CPR while the AED is brought to the scene. Continue CPR whilst the AED is turned on, then follow the voice and visual prompts. Giving a specified period of CPR, as a routine before rhythm analysis and shock delivery, is not recommended.

Storage and use of the AED

The AED is stored in a location that is immediately accessible to rescuers; it should not be moved and stored in a locked cabinet as this may delay deployment. Use of the UK standardised AED sign is encouraged, to highlight the location of an AED. People with no previous training have used AEDs safely and effectively.
While it is highly desirable that those who may be called upon to use an AED should be trained in their use, and keep their skills up to date, circumstances can dictate that no trained operator (or a trained operator whose certificate of training has expired) is present at the site of an emergency. Under these circumstances no inhibitions should be placed on any person willing to use an AED.

Children

Standard AED pads are suitable for use in children older than 8 years. Special paediatric pads, that attenuate the current delivered during defibrillation, should be used in children aged between 1 and 8 years if they are available; if not, standard adult-sized pads should be used. The use of an AED is not recommended in children aged less than 1 year. However, if an AED is the only defibrillator available its use should be considered (preferably with the paediatric pads described above).
References – Resus Council Policy for the use of AEDs 2010

Appendix E Head Injury Policy

Minor head injuries are common in children and do not usually cause any serious problems. They are often caused by a blow to the head and in the school environment this is usually due to a fall or sporting activity.

Every minor head injury is different and Gateway School acts in a 'play safe' manner in assessment and management of head injuries sustained in school. The advice below gives details of what signs and symptoms should be looked for in children who have hit their heads in school and when medical advice should be sought.

A head injury is defined as 'any trauma to the head other than superficial injuries to the face' NICE Head Injury Guidelines September 2019.

Common minor symptoms after a head injury:

- Bump or bruise on the exterior of the head.
- Nausea or vomiting once soon after the injury.
- Mild headache, younger children may show only irritability. You may give paracetamol according to instructions.
- Mild dizziness.
- Feeling generally miserable/off colour.
- Loss of appetite – do not force food but ensure good fluid intake.
- Increased tiredness. He/she should be allowed to sleep but check on them to make sure that they are rousable.
- Lack of interest/concentration.

If a child sustains a head injury whilst in school the child should be taken or sent to the School Nurse for her to assess and take appropriate action. Preschool children treated by First Aiders and School Nurse advised and sometimes called to attend head injuries if required.

A Head Bump accident form is completed and sent home with pupils (Appendix A) and if necessary parents are also informed by whatever means is viable (ie telephone or email).
A head bump sticker is given to wear so all staff and parents are aware to be observant for any signs of deterioration that would require assessment by a medical professional.
All accidents are recorded on the accident form or on Medical Tracker.

Minor head injuries should not require treatment and most children make a full recovery, however occasionally a child who is thought to only have a minor head injury can develop complications later in the day. School staff must remain vigilant and take the appropriate action if the child develops a problem. If the child develops any of the following symptoms medical advice must be sought and the child taken to A&E by parents or school staff:

- Becomes steadily sleepier or very difficult to wake up.
- Complains of severe headache or visual disturbance.
- Two or more bouts of vomiting.
- Appears confused.
- Has a seizure or fit (when the body suddenly moves uncontrollably).
- Cries continuously/becomes irritable and cannot be consoled.
- Becomes unconscious for either short or extended periods of time.

If after a head injury a child remains unconscious or fits, an ambulance should be called immediately and the parents contacted.

Appendix E Concussion Policy

Concussion is the sudden but short-lived loss of mental function that occurs after a blow or other injury to the head. It is the most common, but least serious type of brain injury. Its development and resolution are rapid and spontaneous. A pupil can sustain concussion without losing consciousness. All pupils that sustain a head injury or blow to the head, a head bump form advice sheet must be given, and the accident recorded on the accident form.

Concussion must be taken extremely seriously. If any of the common early signs and symptoms listed below are seen, the pupil should be assessed by a medical professional. If this is not possible, an ambulance should be called:

Indicator	**Evidence**
Symptoms	Headache, dizziness
Physical signs	Loss of consciousness, vacant expression, vomiting,visual disturbance
Behavioural changes	Inappropriate emotions
Cognitive impairment	Slowed reactions, confusion/disorientation, poor attention and concentration, loss of memory for events up to and after the concussion.
Sleep disturbance	Drowsiness

Red Flags for potentially serious head injury. If any of the following are reported or develop whilst under observation, the pupil must be seen by a medical professional:

- Deteriorating conscious state
- Increasing confusion/irritability
- Severe or increasing headache
- Repeated vomiting
- Unusual change in behaviour
- Seizure or convulsion
- Double vision or deafness
- Weakness or tingling/burning in the arms/legs
- Clear fluid coming out of ears/nose
- Slurred speech, difficulty speaking or understanding

Following a blow to the head where concussion is diagnosed, (by a medical professional), sport avoidance is recommended for 3 weeks.

Rehabilitation Stage	**Functional Exercise**	**Objective**	**Requirement**
No Activity/Rest	Complete physical and cognitive rest	Recovery	GP permission to proceed to next stage
Day 15	Light jog/aerobic exercise return to courts	Increase heart rate	24hrs symptoms free before moving to next stage

Day 17	Sprint/ no head impact activities	Add movement, coordination and increase exercise	24hrs symptoms free before moving to next stage
Day 23	Normal play	Restore confidence and skills	

Form below to be completed when pupil returns to school:

Name of child and year group:	
Detail of accident:	
Notification date of injury:	
Rest period:	
Day 15:	
Day 17:	
Day 21:	
Day 23:	
Sign:	Date:

If headaches occur during the rehabilitation period, the pupil should restart the rest period.
If you feel your child is ready to return to full exercise before this date, GP approval is required.

Post Concussion Syndrome: After a minor head injury it is common to suffer from the effects of concussion until the brain has fully recovered. Symptoms may include:

- Headache
- Nausea
- Poor concentration
- Memory lapses
- Mood swings
- Double or blurred vision

The most important treatment to speed recovery is complete rest. Rest should continue until the headache eases. This may take a few hours, up to a week, or even longer in some cases.Rest should be as complete as possible - ie no TV, computer games, reading or studying.

This monitoring sheet has been devised in response to a report published in the British Medical Journal. It has incorporated the SCAT3 which is a standardised tool for evaluating concussion in athletes.

END